

W. D. Jones
T H E
M E D I C A L M I S C E L L A N Y ;

Or a Collection of
Cases, Tracts, and Commentaries :
E X H I B I T I N G
A V I E W O F T H E P R E S E N T S T A T E
O F
M E D I C A L a n d C H I R U R G I C A L P r a c t i c e
A N D
L I T E R A T U R E I N E N G L A N D .

T H E S E C O N D E D I T I O N .

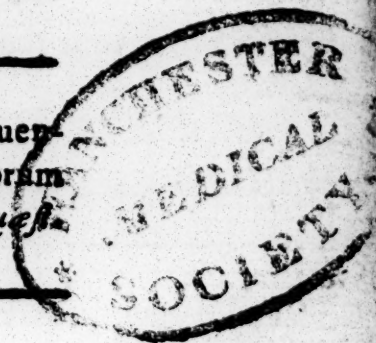
W I T H A N A P P E N D I X .

B Y T . T O M L I N S O N .

Cum constemus ex animo & corpore, corporis curandi tuendaque causa quæsitæ sit ars ejus atque utilitas deorum immortalium inventioni consecrata.——*Cic. Tusc. Quæst.*

B I R M I N G H A M :

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D E D I C A T I O N.
T O
CÆSAR HAWKINS, Esq;
SERJEANT SURGEON to his MAJESTY,
A N D
SENIOR SURGEON to St. *George's Hospital*.

S I R,

THE favourable manner with which you were pleased to receive this work, encourages me to inscribe to you the Second Edition of the Medical Miscellany. It is with the greatest satisfaction that I take this opportunity of expressing the many obligations I owe to your Patronage in my appointment of House Surgeon to St. *George's Hospital* some years ago, as whatever knowledge I may have in my profession was chiefly acquired in that station. No distance of time or place can ever make me forget the favours received at your hands, and my best wishes for your health and prosperity always attend you.

I am, Sir,

Your most obliged humble Servant,

T. TOMLINSON.

BIRMINGHAM, FEB. 1, 1774.



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P R E F A C E.

THE design of this work is to communicate to the Public, from time to time, Cases and Observations in Physic and Surgery, which the author hath collected, either in the course of his own reading and practice, or which he may receive from the kind information of others. Likewise to give such a general view of the new Medical publications as shall appear satisfactory to those who have not leisure sufficient to peruse every performance.

Upon this plan the author commenced his undertaking in the year 1768, when there had been a considerable interruption in the publication of the London Medical essays. He proposed his miscellany as a kind of substitute to that useful work, and intended to have given the world one number every third month. But various accidents and avocations hindered him from pursuing his design with that punctuality and vigour requisite to render the whole successful. He found neither Patrons nor Assistants, and it was almost impossible for one man to carry on so extensive a work unless his whole time and labour had been devoted to it. Hence it happened that the Medical Commentaries in particular became deficient, as the new publications soon increased so fast as to render it impossible to include an account of each of them in the subsequent numbers of the Medical Miscellany after a space of four years had elapsed.

In

In the mean time the London Medical Essays appeared again, and soon after a publication of the same nature by another learned body belonging to the College of Physicians; and the author of the Medical Miscellany justly supposing that his work would be of no consequence comparatively with those productions, resolved to lay aside the pursuit of his plan.

However upon reflecting that one part of his work, namely, the Commentaries on new Medical Books might still be useful, he intended to have resumed that subject in particular, with a review of the productions in 1773. But here again he found that task undertaken by a society in Edinburgh, who have proceeded very nearly upon the same plan as was laid down in the introduction to the first Edition of the Medical Miscellany, though not noticed by those Authors. These Gentlemen have moreover extended their review to foreign books both in Philosophy and Physick, and upon the whole have executed their parts so well that the Medical Miscellany is now no longer necessary: and it's author willingly acknowledging the superior merit and abilities displayed in the conduct of the Edinburgh Commentaries, hastens to close his own work by an appendix instead of writing a continuation. He cannot help remarking one deficiency in this new performance from Edinburgh in not giving some *general* account of every new performance: for the reader will perceive in looking over
the

the list of new Medical Books of 1773 how few there are, comparatively speaking, upon which any comments are made: a circumstance which the authors would do well to pay more attention to that the critical part may be more compleat. The manner in which their extracts are made is very satisfactory, and gives us a much clearer and more just idea of the books in question, than mere opinions can ever do: but where room for extracts is wanting, an opinion candidly given may serve.

To conclude: the author of the Medical Miscellany has this to say at least, that he has exerted his best endeavours to compose a work which might convey a general idea of the present state of Medical and Chirurgical Practice and Literature in England. How far he has been able to fulfil his design let the Public judge. It cannot be expected that one man quite unassisted, should be equal to a task so various and extensive. Societies may do better, to whose labours he sincerely wishes success. If ever he appears again as a Medical Writer, he will be actuated by the same principle of duty, the desire of cultivating a profession which when exercised with care and humanity, is of such infinite use to mankind.

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Medical Miscellany.

Medical *and* Chirurgical Cases.

Observations on extracting the Placenta.

IT sometimes happens that the *Placenta* adheres so strongly to the uterus as to occasion the utmost difficulty in extracting it; infomuch that the ordinary methods recommended for this purpose will not succeed; at the same time the prevailing prejudices of the women will not suffer practitioners to leave the placenta for a time, and wait for the assistance of nature in this important business; but instead of this they are compelled to exert excessive violence, and bring away the Placenta at all events, to avoid those cruel and unjust imputations which would otherwise injure their characters. Now in order to shew the extreme danger of too much precipitancy in these cases, it is proper to bring the best authority we can; for which purpose a quotation from the celebrated

A

Ruyseh,

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Ruyfch, relative to this subject, may prove a useful memoir, and more acceptable on this occasion, because the works of that author are not in many hands. It is presumed unnecessary however to give an exact and literal translation of the whole chapter, but only to select such parts as contain the substance of his arguments concerning the point in question. “ Give me leave, (saith this “ great * anatomist) to restrain that too busy haste “ and anxiety in extracting the Placenta, which “ often prove fatal in their consequences; for this “ being considered as an extraneous substance, “ belonging to the foetus, and not to the mother, “ hath led practitioners to conclude, that it is “ indispensably necessary to extract it immediately after delivering the child. But it happens, “ that from the convex surface of the Placenta, “ fitted to the concave part of the uterus, the adhesion is frequently so strong as to render both “ one substance; in which case it becomes doubtful how to act, whether it is most eligible to “ leave the Placenta for some little time in the “ uterus, or to use extreme violence to bring it “ away; that opinion carries great weight which “ persuades us to use cool deliberation in this circumstance, to avoid destroying, by too much “ haste and temerity, a life which a prudent delay “ might probably save. I am sensible that some “ famous authors have advanced an opinion, that “ if the Placenta is left in the uterus the woman

* *Ruyfch*, *Adversar. Anatom.* Dec. 11, *Observ.* 10.

“ will

“ will be indangered ; and I know very well mid-
“ wives exert all their skill and force to extract it,
“ in order to satisfy the friends of the patient :
“ but I have too much reason to pity the misera-
“ ble women, who are frequently injured by such
“ hasty treatment ; for immediately upon this
“ the abdomen becomes hard and swells, a conti-
“ nual fever attends, and death often follows.
“ *Parey, Portal, Mauriceau*, and others, have giv-
“ en us instructions in general how to extract the
“ Placenta, but they have not been sufficiently
“ explicit in this particular and unusual exigence.

“ Cases have occurred to me in which it was
“ morally impossible, without imminent danger of
“ death, to separate the Placenta immediately
“ from the uterus : in one circumstance a strong
“ spasmodic contraction of the uterus succeeds
“ the birth of the child, forming a stricture so
“ high up as to be almost out of the reach of the
“ arm, and so extremely close as scarce to admit
“ a finger, at the same time the Placenta is con-
“ fined beyond this stricture, and adheres very
“ strongly to the uterus : How then is it possible
“ to extract this large mass without using dange-
“ rous violence ? And this violence to my know-
“ ledge, hath occasioned the sudden death of some
“ women, while the over busy midwife, as if glo-
“ rying in her performance, shews to the atten-
“ dants the Placenta entire and uninjured by her
“ hands. It happens likewise in some cases, that
“ tho’ the *os uteri* is sufficiently open, yet the ad-
“ hesion of the Placenta is as strong as if it had

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“ become one substance with the uterus ; now if
“ in consequence of coughing and straining, or
“ after repeated trials by introducing the finger in
“ the direction of the funis, and endeavouring to
“ perforate or separate the Placenta with caution,
“ we fail in our purpose, it appears to me most
“ adviseable to desist from any farther attempts
“ at present, and to leave it behind till nature of
“ herself (as frequently happens) brings it away ;
“ but it will be said in objection to this, that the
“ woman is not delivered while the Placenta re-
“ mains behind : I allow this ; but of two evils
“ ought we not to chuse the least ? And is it not
“ more prudent to leave the placenta in such cases
“ till nature separates it, or till a more favour-
“ able opportunity occurs, rather than destroy
“ the patient by hasty violence ? Better certainly
“ that the woman should live with the Placenta
“ remaining, than die in consequence of forcibly
“ extracting it. The Placenta is part of the fœ-
“ tus, and not of the mother, and nature, always
“ intent upon her own preservation, will, by in-
“ credible efforts and expedients, free herself from
“ all extraneous bodies that are hurtful ; and
“ therefore she will at length discharge the Pla-
“ centa, even when it hath been detained twenty
“ or twenty-five days in the uterus after delivery
“ of the child. Believe me, I speak from truth
“ and experience, that out of sixteen cases in
“ which the Placenta was left behind, nature
“ freed herself in fifteen of them : thus, though
“ the Placenta should be left (a circumstance
“ however

“ however that happens but seldom) the conse-
“ quences would not be so bad as commonly
“ imagined : but still the cry is, how can the wo-
“ man be safe if the Placenta is left behind ! I
“ confess it is a desirable thing to have it brought
“ away, provided that can be done without put-
“ ting life to the hazard ; but supposing it re-
“ mains, what will be the consequence ? Why the
“ uterus by perpetually contracting itself, endea-
“ vours to regain its pristine size and figure, and
“ consequently, by pressing the Placenta, will mold
“ it into a hard round mass, and will finally ex-
“ pel it in that shape.

“ Some again are willing to persuade Practi-
“ tioners, that if the Placenta is not extracted, it
“ soon becomes putrid, and will occasion inflam-
“ mation, gangrene, and death : but the case is
“ not so ; for this is not a part of the uterus, but
“ of the fœtus as observed before : and I am con-
“ vinced from numberless examples, that if the
“ Placenta should be suffered to remain, and its
“ vessels not soon separated from the interior sur-
“ face of the uterus, yet it never is dissolved into
“ pus or ichor, or any putrid liquor : their fears
“ therefore are groundless who suppose that a putrid
“ exhalation may rise, and so far infect the mass
“ of blood as to occasion hectic fevers, inflamma-
“ tions, and other terrible mischiefs. For if this was
“ the consequence, what would become of those
“ unhappy women who labour under the most ex-
“ cruciating disease for some years ; I mean a
“ cancer of the uterus ; now these patients survive
“ a long

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“ a long time, notwithstanding an intolerable fac-
 “ tor, which scarce permits any one to approach
 “ them, much less to examine minutely into the
 “ state of the disease. All those vulgar objec-
 “ tions therefore relative to the Placenta being
 “ left behind, are of no weight ; and yet vulgar
 “ prejudice sits as a judge and influences our con-
 “ duct : for what must a prudent midwife do,
 “ who uses all proper methods and endeavours,
 “ and yet finds it impossible to extract the Pla-
 “ centa, without exerting such violence as must
 “ unavoidably prove fatal to the mother ? * Will
 “ not the women who are present at the labour,
 “ admonish, urge, censure, and threaten ? Will
 “ not they accuse the midwife of ignorance, and
 “ send for another whom they suppose more skil-
 “ ful ? This will certainly be the case ; and there-
 “ fore the midwife irritated and alarmed by these
 “ means, becomes quite desperate, redoubles her
 “ efforts, and rashly tearing away the Placenta,
 “ does fatal injury to the uterus. I deserve cre-
 “ dit from physicians in this point, because, dur-
 “ ing the space of four years, I had extensive and
 “ constant practice in midwifery in this great
 “ city ; † and moreover, for forty years I exer-
 “ cised, by appointment of the magistrates, the
 “ office of superintending the college of mid-
 “ wifery, to teach or examine practitioners, to

* *Hippocrates* and others of the ancients were averse to the
 using of force in extracting the Placenta : quotations might
 be produced in great number upon this point, but the author
 is contented with mentioning barely the fact.

† *Amsterdam.*

“ give

“ give answers when consulted in difficult cases,
“ and to open the bodies of those who died in
“ child-birth, in order that I might account for
“ the causes of their death.

“ Anatomists have not perhaps so accurately
“ examined the structure of the uterus as to dis-
“ cover that there are peculiar muscular fibres
“ belonging to it, so contrived as to disengage and
“ separate by their action the convex surface of
“ the Placenta from the concave part of the ute-
“ rus. The Placenta generally adheres to the
“ fundus uteri, in which part these orbicular fi-
“ bres, very strong in themselves, and exerting
“ their power according to their direction, con-
“ tract the body of the uterus into rugæ ; from
“ which disposition it follows, that those parts of
“ the Placenta which cannot be adapted to this
“ altered surface, are of course loosened and shook
“ off. A preparation of the uterus thus con-
“ tracted, I have preserved to demonstrate the ex-
“ istence of this orbicular muscle to every one :
“ it is observable that the other muscular fibres
“ of the uterus, are promiscuously interwoven in
“ different directions, that they may expel the fæ-
“ tus by a general contraction, but this peculiar
“ muscle, from its situation and action, is intended
“ to force away the Placenta only.” *

“ To account for this adhesion of the Placenta,
Ruyfch says, “ that the degree of force, with which
“ it does adhere, is according to the insertion of

* The existence of this *Musculus Orbicularis* is doubted by
some, but the matter is not worth a controversy.

“ the

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“ the funis, the nearer the centre the greater the
 “ adhesion, and *vice versa*, the nearer the circum-
 “ ference the easier it is extracted. The gene-
 “ ral rule is, to loosen first the edges of the Pla-
 “ centa ; but notwithstanding this precaution,
 “ the adhesion is frequently so strong as to render
 “ the separation by force impracticable or dan-
 “ gerous, and therefore we ought to wait a few
 “ hours, till the efforts of nature bring it away.
 “ I do not mean by these observations to make
 “ midwives negligent or irresolute ; far from it ;
 “ the Placenta undoubtedly ought to be extracted
 “ if we can do it with safety ; every motive com-
 “ pels us to it ; the women will never be satisfied
 “ till it is brought away : their prejudices in this
 “ point are insurmountable, and they will not
 “ allow the just rules of art to take place for
 “ the welfare of the patient ; therefore I was
 “ appointed by the magistrates to stem the tor-
 “ rent by some superior authority, as well as I
 “ could.”

So far it has been thought proper to quote this
 author ; and indeed the whole chapter is well
 worth our perusal, exclusive of some trifling, to
 which this great man was now and then ad-
 dicted.

Supported by so considerable an authority, and
 likewise convinced of the truth of these observa-
 tions by many practical instances, I think it may
 be necessary to consider this important matter with
 more attention : In the first place therefore I will
 offer some conjectures as to the cause of this ex-
 traordinary

traordinary adhesion of the Placenta. *Ruyfch** we see attributes it to the insertion of the funis exactly in the centre of the Placenta. But practice does not confirm this opinion; it appeared to me from some unfortunate cases, that the cause proceeded from a distempered habit during gestation, particularly in women advanced beyond the middle period of life, and in such whose employment was laborious, and whose diet was coarse and improper for their situation†: In all these a putrid disposition of the fluids was observed to be most prevalent, and this very frequently in consequence of an absorption of the contained impure humours by the bibulous pores of the uterus: and it is no improbable supposition from the very nature of the connexion between the Placenta and the uterus, that by means of the same power of absorption, the vessels of the former may be more and more firmly united and interwoven with the substance of the latter. Surgeons have observed similar effects in wounds and abscesses from absorption, inso-much that the lint itself, upon which the first dressing is spread, hath been found not only sticking very close to the surface of a wound, but

* In vol. 1, Observ. 97, he gives his opinion more expressly in this matter.

† In these the growth of the foetus is comparatively slow, the secretion of the humours in the uterus imperfect, occasioning various difficulties in delivery. “Nimirum ob pa-
“buli ubertatem vel inopiam corporis robur vel imbecillita-
“tem; vitæque (secundum sex res medicis non naturales
“dictas) rectum regimen, vel inordinatum, foetus etiam se-
“rius aut citius ad maturitatem sive partum perducun-
“tur.” *Harv. Exercit. de Partu.*

B

likewise

likewise drawn in amongst the fleshy fibres themselves: if therefore this absorbing power in the vessels prevails so strongly in the extremities of the body, and operates upon foreign matter applied to wounds, how much greater must the effect of it be in the warm cavity of the uterus, especially upon a substance by nature intimately joined to it? By considering the matter in this light, it will evidently appear that the cause of the preternatural adhesion of the Placenta is not merely accidental or local, but that it arises from a more dangerous source, from a diseased constitution, and therefore the consequences are more to be dreaded; and the operator who prudently endeavours to correct this bad disposition of the body, and avoids using excessive violence in extracting the Placenta, deserves praise and not censure.*

Several cases might be produced by the writer of this paper to confirm his opinion in respect to the difficulty in question:—On *April* 1, 1767, he was sent for to a woman near her time, who laboured under the attack of a fever; the symptoms appeared extremely similar to those which arise frequently from deep and latent abscesses in the body, and from absorbed matter in wounds, par-

* Is this absorption of humours, or of matter, the cause or the effect of a putrid habit of body? I should suppose the latter; and if so, external force or application will be ineffectual; in wounds where the discharge is ill conditioned, *Mr. Kirkland*, an ingenious surgeon, recommends sponge to be applied in order to absorb the matter, but if that matter is generated in consequence of a bad disposition of the body, we must first endeavour to correct the habit, and the effect will cease of course.

ticularly

ticularly after amputations; namely shiverings, excessive heat and thirst, a very dry tongue, intermitting and wandering pains sometimes in the side, more frequently in the head, affecting the membranes of the brain, and a diarrhea. — By proper methods used, she got better, but labour came on sooner than we wished, and proved very tedious and lingering; indeed the operator expected this in consequence of the fever, which he supposed to proceed from absorption in the uterus: after constant pains for four and twenty hours, and the child being long detained in the birth, the woman was at length delivered, and the operator immediately tracing the funis, endeavoured to bring away the Placenta; but by no means, after repeated trials, could he succeed. It was proposed to leave it to nature, and to prescribe proper medicines; but these expedients the women absolutely condemned, and sent for another practitioner, who made prodigious efforts, hoping to accomplish what the former had given up. He brought away some fibrous substance, but it was impossible to distinguish what it was; hereupon it was agreed to desist from any more violence, and wait the event under a proper regimen assisted by medicines: after an interval of five days, and much anxiety and discontent, the Placenta came away, tho' not altogether compact and entire. Mean time the abdomen swelled, owing no doubt to the violence used to the uterus, symptoms of internal mortification came on, and the next day after the Placenta was discharg'd the woman died.

In another case an eminent practitioner was call'd in by a midwife, who had inverted the uterus by endeavouring to extract the Placenta, altho' she hastily reduced it again; after due examination he declared it impossible to distinguish one part from another, and declined using any more force. —The patient was evidently of a bad habit of body, and several symptoms of a putrid fever from absorption appeared; proper medicines were ordered, but notwithstanding all possible care she lost her life.

The writer of this was called in to another case, where he found the woman (a person about forty years of age, big with her second child, and who had suffered severely during her first pregnancy) afflicted with lingering pains and feverish symptoms; there was reason to apprehend premature labour, which accordingly came on, and proved extremely tedious; after delivering the child, the Placenta was found very strongly adhering, which the operator not being able to extract, he left it till the next day, and even then, as no remarkable pains came on, he omitted meddling with it; on the third day it was brought away very easily; but the putrid disposition of habit, which was the cause of the patient's malady, still continuing, and the fever increasing, she died the 21st day after delivery. In respect to the lochial discharge, no material deficiency was observed, and the abdomen never swelled.

Our apprehensions of the future difficulties which may probably arise from a putrid disposition
of

of body in the patient from absorption, and from adhesion of the Placenta, are confirmed when we find the labour pains lingering and ineffectual; because it is reasonable to infer, that the expulsive power of the uterus is weakened and obstructed by putridity in such cases; and we frequently are embarrassed by the child being retained almost upon the point of delivery, for a long time from the cause here mentioned. In respect to those difficulties which are occasioned by wrong presentations of the child, by rigidity and tightness of the external parts, they are more easily surmounted; because the uterus in itself remains in a proper state, capable of exerting sufficient force, and in turning cases, will sustain amazing violence without much injury, and soon regain its pristine tone and figure. But where the uterus has been affected, the humours absorbed, and the circulating fluids hereby vitiated, we have reason to fear an unfavourable event.* For suppose, in extracting the Placenta, mere force prevails, how is the cause itself remedied? What point do we gain in respect to the constitutional infirmity? We may indeed satisfy some ignorant attendants by the sight of

* “ Pariter obstetricibus expertis non ignotum, mulieres
“ aliquando conceptum integrum, cum ambientibus mem-
“ branis illæsis, excludere; atque hujusmodi partus videtur
“ maxime naturalis, in quo fœtus. (tanquam fructus matu-
“ rus qui ab arbore totus solvitur, feminibus ante destinatum
“ a natura tempus minime effluentibus) una cum secundis
“ elabitur. Ubi enim secus fit, & Placenta post natum
“ fœtum utero adherescit, ea sæpe difficulter solvitur, & pra-
“ va symptomata inducit.—*Harv. Exercit. de Partu.*

the

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the Placenta, but as to the essential safety of the woman we gain but little, unless the antecedent cause is removed, as well as the immediate difficulty.

During the time of gestation, in suspected constitutions, it is incumbent upon us to keep a watchful eye over our patients, to regulate their diet and exercise, and to use the best means on the first appearance of any disease. As to the common inconveniences attending the enlargement of the uterus, they are easily remedied: nor have we so much reason to be alarmed by inflammatory as by putrid symptoms, by acute as by chronical disorders; these latter prognosticate fevers from absorption, and difficult labours; and we must endeavour, if possible, to prevent the consequences, and remove the root of the evil. When labour comes on after such circumstances, and we find an unusual strong adhesion of the Placenta not to be separated immediately, unless by excessive violence, let us wait awhile, to procure such a truce from pain as to enable nature to assist herself, and try what can be done by venæsection, if the pulse will bear it, by proper diluents, volatile acids,*

* The notion of some particular medicines, such as the *Pulv. e Myrrh comp.* and others having a forcing power (as it is called) in the uterus, is erroneous: But on account of their cordial and antiseptic qualities in putrid diseases, and in the retention of the Placenta from those causes, they may be prescribed with advantage; I speak not of their effects as *scetids*. Thus emenagogues act as cordials successfully, because the suppression of the menses and other uterine affections often arise from putridity, for the menses are absorbed in a putrid habit, from the same causes as the Placenta adheres.

glysters,

glysters, the bark and opiates, in order to correct the bad state of the body, which if we are able to accomplish, the obstructed vessels will become pervious, the circulating fluids will be restored to their original purity, the fever will subside, and of course the uterus will soon disengage itself from the Placenta. But on the other hand, if we place our chief dependance upon force, and injure the uterus thereby, we shall then weaken those very powers which are designed by nature to assist us upon such emergencies. These sentiments are the result of practice, and are freely offered to the consideration of the public, either to be confirmed by the joint experience of others, or confuted, if sufficient arguments and proofs can be advanced against them, the principal design of the author being to contribute all in his power to the removal of those unhappy prejudices, which too often influence our practice, and hurry us into fatal mistakes; and since the writing of this memoir the author hath the satisfaction of finding his sentiments conformable to the opinion of Dr. *Hunter* and Dr. *Harvie*.*

XX

Remarkable Cases of Inflammation of the Bladder and Suppression of Urine, with the Method of Cure.

“Aug. 28. **MR.** — having imprudently drank too freely in the evening, after taking a dose of salts, complained in the night

* Vid. Practical Directions, &c. by Dr. *Harvie*.

“ of

“ of a difficulty in making water, attended with
 “ frequent motions to stool, which upon his
 “ losing blood twice that night, by purging, and
 “ the use of the warm bath, was much abated the
 “ next morning.

“ *Aug. 29.* The efforts to make water, were ve-
 “ ry frequent, but the quantity discharged each
 “ time was inconsiderable: this evening he was ap-
 “ prehensive of a suppression, for which reason he
 “ lost more blood, and had a glyster thrown up,
 “ and took some opening medicines.

“ *Aug. 30.* Was much better, and so far re-
 “ lieved as to go abroad, but still the frequency of
 “ making water in small quantities shewed that
 “ the disorder had not entirely left him, and ac-
 “ cordingly,

“ *Aug. 31.* About five o'clock in the morning
 “ a total suppression came on, and notwithstand-
 “ ing repeated bleedings, purgatives, glysters, and
 “ warm bathings, &c. it continued till eleven
 “ o'clock, when the water was drawn off by the
 “ catheter to the quantity of ℥iiss. ; he lost more
 “ blood about two hours afterwards, and the
 “ same operation was repeated at night, glysters
 “ were thrown up, moderate doses of opiates ad-
 “ ministrated, and the warm bathing frequently
 “ used; notwithstanding all which he passed a
 “ very restless night, with frequent irritations and
 “ spasms.

“ *Sept. 1.* About five o'clock this morning a
 “ total suppression returned, and altho' the cathe-
 “ ter was with much difficulty passed into the
 “ bladder

“ bladder three times, yet no water came away.
“ Recourse was then had to opiates, gr. ss. of
“ opium, every half hour, and towards night
“ gr. iv. every four hours; plaisters of opium
“ were applied to the abdomen, perinæum, and
“ the region of the kidneys: the pains and spasms
“ were violent and frequent during the whole
“ night, and about five in the morning, on

“ *Sept. 2.* The spasms were particularly severe,
“ and little or no urine was discharged: between
“ eight and nine o'clock a terrible rigor came on,
“ attended with a low pulse, which continued to
“ sink and intermit; at the same time the mus-
“ cles of the face were convulsed, likewise a cold-
“ ness of the limbs, faintness, cold sweats, and la-
“ borious respiration, indicated the most extreme
“ danger. In this desperate state some warm port
“ wine was given him, and in the space of an
“ hour he began to grow warmer, and by continu-
“ ing the use of wine, a cordial and wine whey,
“ the pulse began to rise, the fatal symptoms went
“ off, and about one o'clock, after a spasmodic
“ contraction, the bladder suddenly relaxed of it-
“ self, and the urine unexpectedly came away in
“ considerable quantities. The patient afterwards
“ made water as usual, without any difficulty, ex-
“ cept a soreness for two or three days, and being
“ in the flower of his age, soon recovered perfect
“ health.”

This is the abstract account of an extraordinary
and dangerous case of an inflammation of the
bladder, which it is proper to illustrate by the fol-

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lowing

lowing remarks and observations, fairly deduced from the facts that happened :

First, it was evident from experience in this case, that the introduction of the catheter was not attended with any essential advantage, but on the contrary might have been productive of much mischief, by lacerating the parts in consequence of the force exerted in pushing the instrument into the bladder. This expedient was suggested from an erroneous supposition, that water retained in the bladder might be the cause of the disease in question : but the impropriety of it was proved by the effects that ensued ; for notwithstanding three severe trials were made on *Sept. 1*, yet no water came away, but a stream of blood only issued from the wounded passage, leaving it doubtful in some measure whether the instrument had really penetrated into the cavity of the bladder or not. Now it seemed distinctly clear, from a due consideration of the state of the parts, that there was in fact little or no water then in the bladder ; because that organ was so much contracted in consequence of the inflammation of its internal coat, and the incessant spasms occasioned thereby, that no urine could be suffered to remain in it ; for every drop which flowed from the ureters immediately excited fresh irritation in the bladder, with perpetual and painful efforts to discharge the contents : In this inflamed condition it was impossible for the urine to pass, much less to stay in its usual receptacle, but the greater part was by the violent pressure of the contracted bladder forced back through other emunctories,

emunctories, especially through the pores of the skin, as was evident by the profuse sweats which the patient continually laboured under : and the same strong resistance was undoubtedly made to the entrance of the instrument, as occasioning still greater irritation in so sensible an organ in the state abovementioned ; besides all the adjacent parts were affected by the same inflammatory symptoms, namely the rectum, the prostate gland, and the whole canal of the urethra, with its continuous membrane, consequently the use of the instrument in such circumstances was improper.* What advantage could be obtained if there was no water to draw off ? If the bladder could not bear a drop of urine without being affected by fresh spasms, how could the catheter be endured ? And for the same reasons the puncture in perineo. recommended by some authors in total suppressions of urine, would have been not only unsuccessful but fatal. The danger of the disease we see did not consist in mere retention of urine, but in violent inflammation, for altho' the catheter was successfully introduced on *Aug. 31.* and lb iiss of water drawn off, yet the cause remaining, the effects speedily returned, and therefore the remedy was temporary only, and not effectual.

During the paroxysms of pain, the rectum, by reason of its contiguity to the bladder, was likewise affected, hence those frequent and violent strainings and motions to stool, which were not in the

* An ingenuous Acknowledgment of our mistakes, is as useful as a relation of our successful practice.

least relieved by any discharge. These were very unfavourable symptoms. What is observed by one of our ablest physicians and writers now living upon another occasion may be applied to this, "Inter mali morbi signa ducenda sunt omnia ex-
 "creta si non secundum rationem eveniunt; si a
 "vitio nil demunt; multo pejus est si morbo
 "addunt."* And indeed these irritations and spasms of all the parts near the bladder, evidently proved the inflammatory state of that organ threatening a fatal event.

From the foregoing observations it appears indispenfably necessary to make a just and accurate distinction in respect to the causes of a suppression of urine, that a proper method of cure may be ascertained. *Heister* gives some useful cautions on this occasion. § In the case now recited experience proves, that when a suppression of urine happens in consequence of an inflammation of the bladder, either in its neck or internal membrane, from whatever cause, then the use of the catheter is not only highly improper, but extremely dangerous.

On the other hand, when urine is retained in the bladder from a weakness in that organ, either from a paralysis of its muscles, as frequently happens in old constitutions, or in women after delivery from the pressure made by the child, in those circumstances it is necessary to introduce the instrument, that the bladder freed from its load may have liberty to contract again, and recover its tonic

* *Glaß de Febris* Comment. 4.

§ *Heister's Surgery*, Part 11, Chapt. 137.

powers. In one case, the disease consists in the bladder not being able to contain any urine at all, on account of successive spasms; in the other, because it is become incapable of irritation, and distended with too great a quantity. This essential difference the concomitant symptoms plainly distinguish. In the first case, frequent spasms, with hardness of the pulse, pain in the bowels, and other signs according to the age, strength and habit of the patient, and the efficient cause of the disease, denote great inflammation and violent contraction of the bladder. In the latter, an uneasy sensation of fullness without violent pain, and a perceptible swelling in the region of the pubis, shew that the bladder is too much relaxed and distended. In inflammation therefore the cure consists in bleeding, purging, warm bathing, and opiates, but the use of the catheter is forbid. In relaxation opposite measures are to be pursued, the catheter is to be introduced, and afterwards, by the assistance of the bark and other corroborants, the diseased organ will be rendered capable of performing its usual offices.

From this digression I now return to the case described, and having condemned in this instance the use of the catheter, shall relate more particularly the method of cure which the physical gentlemen (to whose care and skill the patient owed his life) so successfully pursued.

The propriety of copious bleeding in all inflammatory diseases, particularly of membranous parts, being sufficiently obvious, that evacuation

was

was frequently repeated ; the violence of pain and the fullness of the pulse indicated the necessity of it. When an organ of such importance as the bladder is affected, bleeding *etiam ad deliquium* is requisite, because during a syncope, the contracted membranes will often relax of themselves. This patient lost blood ten times in the space of three days, and in considerable quantities : at the same time plentiful dilution with warm liquors, emollient medicines and emulsions was prescribed, with the intention of rendering the obstructed vessels of the diseased organ pervious, and likewise of abating the acrimonious quality of the urine, that it might be less capable of exciting irritation. Gentle anodynes too were administered, warm bathings were used, and the region of the pubis anointed with an anodyne liniment : aperitive and emollient glysters, with tinct. thebaic. added, were thrown up at proper intervals, in order to keep the rectum empty, and take off all pressure from the bladder. But notwithstanding these prudent measures, the spasms still becoming more frequent and severe, with agonizing and incessant pain, not to be described, recourse was more boldly had to the grand specific, opium. And here it must be observed, that in all cases wherein it is absolutely necessary to abate pain by means of opium, *we ought to pursue that intention till the effect is produced.*† This rule hath not been sufficiently explained

† Amongst the many obligations which the medical world owes to *Sydenham* the recommendation of anodynes, in various cases, is none of the least. Treating of the bilious Choleric,

plained and insisted upon by the medical writers : and some physicians, in consequence of a practice too timid in this respect, by not giving proper quantities of this noble drug, have failed in their purpose in cases of great emergency. That it was absolutely necessary to prosecute the intention here recommended in the instance now before us, appears evident from the nature of the disease ; because during the violence of pains and of spasms, no water could properly pass through the bladder : what little urine was voided came away in the intervals of those spasms : a circumstance which pointed out the remedy. The observations made by the great Dr. *Mead*, in regard to the discharging of gravel, are founded upon the same principles of reasoning urged here ; for whether inflammation arises from stones or gravel in the bladder, or from some other cause, the effects of irritation are similar. After recommending anodynes, “ a stone (saith he) is never forced out while the patient is in great torture ; though when the pain ceases, it sometimes comes away unexpectedly, and almost of its own accord, with the urine. And the reason of this is, that pain constricts the fibres of the parts, which resume their natural state, and perform their functions

Cholic, he says, “ I could never take off violent pains without a larger dose than is usual, and that repeated too ; for that which is sufficient to conquer another disease, will be wholly insufficient in this case, the violence of the disease subduing the force of the medicine ; and it is indeed safe to repeat anodynes while such a pain as this continues violent.”

“ properly

“ properly, when the troublesome sensation is
“ over.” *

The practice of giving large quantities of opium in spasmodic complaints is well known and recommended, for instance in the locked jaw, § nor need we apprehend any ill effects from it. We are sometimes indeed led to suppose, that there are particular idiosyncrasies in some constitutions, which do not so well admit the use of opium; but the urgent circumstances of extreme pain and violent spasms, entirely supersede all other considerations. For it matters not much even if the membranes of the brain should be affected, because that disorder soon wears off, and is amply compensated by procuring ease and safety to the patient. The great point therefore which we wished to obtain in the present case, was a remission of those violent strainings, which in the irritable state of the bladder, aggravated the disease, and by long continuing, threatened a mortification. To obviate this danger, *four grains* of opium were given at a dose, till in the space of twenty-four hours the patient had taken *twenty grains* of that medicine, and to assist in the same intention, a plaister of opium was applied all round the abdomen. These methods, though their effects were not immediately visible, yet they doubtless were conducive to the cure. For at length, after severe rigors, a favourable crisis hap-

* *Mead's Works*, quarto edit. p. 529.

§ Vid. *London Medical Observations*, vol. 1, article 1st, by Dr. *Silvester*.

pened

pened, the bladder was suddenly relaxed, and the urine came freely away : but yet we had at first some reason to doubt whether that symptom was a salutary crisis of the disease, or a fatal prelude to a mortification. Much depended on the goodness of constitution, and nature (to whom all medicine is only an aid secondary and subordinate) having procured a respite from pain, fortunately prevailed and relieved herself in this dangerous extremity.

At the time when this crisis happened, the patient was in a state of insensibility, owing partly to the effects of opium, and partly to the urinous salts, which being thrown back into the circulation by the violence of the disease, had made some impression upon the membranes of the brain. But these effects gradually wore off; and though the spasms and rigors in some degree remained, yet the intermissions became longer, and care was taken to prevent the return, by repeating, at proper intervals, and in less quantities, the doses of opium. Thus by degrees the bladder being free from irritation, recovered its usual tone, and performed its office without pain : the patient soon regained his strength, and feels no ill consequences from his disorder.

Having by this remarkable instance proved the salutary effects of opium in inflammations of the bladder, it is necessary to make some observations upon a passage in *Hoffman*, which directly and absolutely forbids the administration of so successful a remedy. Speaking of inflammations, he says,

D

“ Instar

“ Instar axiomatis practici hoc loco notari velim,
 “ in inflammationibus nervosarum & membrana-
 “ cearum partium ut in phrenitide, pleuritide,
 “ hepatitide, item in inflammatione ventriculi,
 “ intestinorum & *vesicæ*, nil perniciosius esse, &
 “ quod tam facile ad mortem perducere queat,
 “ opiato remedio interno. Stuporem enim hisce
 “ partibus facile inducit & in minimis vasculis
 “ motum & progressum sanguinis penitus sistit,
 “ ut sphacelus ac mors inducatur. Quare cautis-
 “ sime cum ejusmodi remediis, etiam exterius ap-
 “ plicatis hisce in morbis agendum esse moneo ac
 “ inculco serio, compluribus letheferis exemplis
 “ hanc observationem confirmantibus.*

But the testimony even of so famous an author as *Hoffman*, however positively delivered, cannot invalidate facts, which on the contrary, are of themselves sufficient to confute his single opinion; besides his arguments in this point seem to be not founded on reason; for as to the operation of opium retarding the circulation of blood through the small vessels, it is an effect which we frequently wish to produce, particularly in inflammations, when the blood is urged with too much impetuosity into the *minima vasa*, by which means their canals become obstructed, and in consequence of a disease so formed, mortification often ensues. Therefore upon the very principles which *Hoffman* condemns, experience directs the use of opium. In inflammations of membranous parts, especially

* *Hoffm.* tom. 2, sect. 2, l. 9, p. 156.

of membranous receptacles, that constriction of the fibres which pain occasions, and those unnatural spasms and irritations which continually torture the patient, are urgent proofs of the necessity of administering such a medicine as shall quiet those destructive symptoms: for they not only render the organs affected incapable of performing their offices, but likewise by stimulating, cause them to injure their own texture. And does not this extreme necessity entirely supersede every minute consideration? Shall we be deterred by fallacious reasoning of its effects from using that medicine, whose virtues in these cases, repeated experience hath proved? It must not be inferred from these strictures that I think opium a specific merely of itself; other means ought undoubtedly to be used, which every prudent physician knows how to prescribe; but in spasmodic affections of membranous parts, no other medicine will equally succeed. It is with reluctance, and even diffidence, that I presume to pass any censure upon so celebrated a name as *Hoffman*, but the greater the authority of a writer is, so much the more dangerous are his errors, and consequently the more pains should be taken to confute him when we have facts and experience on our side.*

I might

* I observe that this opinion of *Hoffman* is quoted by Dr. *Brookes* in his *Practice of Physic*, and as that book is much in the hands of young practitioners, a refutation of such erroneous doctrine appeared more necessary. And here, upon a review of those *farragos* in medicine, published by some authors, I cannot help remarking how much a new and correct system of physic and surgery is wanted. The many late

D. 2

improve.

I might here enlarge on the efficacy of opium in several other inflammatory diseases, namely cholics, fevers, strumous and venereal ophthalmies, when given judiciously in proper quantities, and the effects of it calculated to take place at the time of the access of pain or fever. But these cases I reserve for some future opportunity; one only I shall briefly relate.

On *Sept. 11*. A young gentleman, subject to spasmodic colics, was taken ill with a fit of that disorder. The pain was severe and constant, particularly on the right side of the abdomen, affecting the peritoneum; he vomited, though not frequently, and there was but little bile discharged. This day he was bled and took some common

improvements made by eminent surgeons in their profession, as well as by physicians in the elegance and efficacy of prescription, and the successful treatment of diseases, would render such a work highly valuable. The task indeed is too arduous and extensive for any one man singly to undertake, on account of the hurry of business, the uncertainty of health, and the shortness of human life; but by the united labours of a body of the most experienced physicians and surgeons, wherein each individual might exercise his peculiar talent in different departments, the whole might be completed. An elegant but imperfect sketch we have already in Dr. *Mead's Monita & Præcepta Medica*. Perhaps in the *Acta Medica* of the college of physicians, which we hope will soon appear, something of this nature may be attempted; and from the skill and abilities of many members of that learned body, much may be expected, whether they choose to exercise their genius in systematical writing, as most suitable to the dignity of the college, or in detached pieces, and the relation of particular cases, according to the practice of other Societies.

opening

opening mixture, which operated once or twice, but the pain continued.

Sept. 12. The ingenious physician who was consulted, thus prescribed in the morning,

℞ Sal. cathart. amar. ℥ii, solv. in aq. font. ℔i.

℞ Mercur. dulc. sexies sublim. gr. viii, mucilag. q. f. m. f. pil.—Deglutiatur pilula quamprimum, elapsa dein hora bibantur solutionis ℥iv, duæque postea singulis horis donec satis ducta fuerit alvus.

In the Evening,

℞ Opii puri gr. ii, camphor. gr. iii, bals. peruv. q. f. m. f. pil. ii, quamprimum sumendæ.

Injiciatur dein enema quod habeat sal. cathart. amar. ℥ii, aq. font. ℔iiss.

℞ Gum. ammon. gr. vi, mercur. dulc. sexies subl. gr. ii, opii puri gr. i, bals. peruv q. f. m. f. pil. ii, secundis horis donec cessaverit dolor sumendæ.

Of these the patient took four doses in twelve hours, with advantage, but his head seeming to be a little affected, the use of them was for a while omitted.

But on *Sept. 13*, as the pain returned, the following was the prescription :

Repet. enema.

℞ Sp. minderer. ℥iv, aq. cinnam. simp. ℥iiss. tinct. thebaic. gt. xxxv, syr. e mecon. ℥ii, m. f. haust. quamprimum dandus & secundis horis repetendus donec cessaverit dolor. mitt. haust. iv.

℞ Sal. cathart. amar. Mann. opt. sing ℥ii, solv.

in

in aq. font. ℥i, cras mane dentur cochl. ii,
bis in horis donec ducta fuerit alvus.

The patient took all the draughts in the space of the night, and was much better, without any disturbance from the opiate:—This practice, however bold it may appear to some, was rational, and so great was the success, by giving large doses of anodynes along with cathartics and glysters, that the patient was in effect quite well the fourth day, whereas in former attacks he hath lain ill for a fortnight or three weeks.

In venereal cases an inflammation of the bladder is a frequent symptom: for the internal membrane or coat of the urethra being continuous, the irritation from the virus, in the glands of that canal is communicated to the bladder. This irritation is more or less from various causes, owing to the constitution and regimen of the patient, and the degree of the disease. An imprudent use of purges, especially drastic ones, increases it: an enlarged prostate, either in consequence of venereal or scrophulous acrimony, or former injudicious treatment,* will cause an aggravation of the symptoms. When spasms ensue (necessary evacuations being premised) opium is a specific.

* How cautious ought youth to be (if youth would think) of the management and the effects of claps; for by repeated infection the canal of the urethra is contracted, the prostate gland enlarged and made schirrus, the seminal vessels obstructed, and the generative faculty in all its organs impaired and even disabled: the consequences of which are severely felt by an imperfect and distempered progeny.

On

The MEDICAL MISCELLANY. 31

On *Feb.* 27, *R. B.* after taking some rough purges for a gonorrhea, applied for relief, complaining of frequent strainings to make water, with a burning heat, which increased the stimulus: the venereal discharge was almost stopped. I enjoined rest in a recumbent posture, and directed as follows:

Mittantur sanguinis ℥xvi.

℞ Decoct. commun. pro clyster. ℥xii,

Ol. Olivar. ℥iii.

Opii puri solut ʒi, m. f. enema statim post venæsectionem injiciend.

℞ Opii puri gr. i, 4ta quaq. hora sumend. donec cessaverint vesicæ irritationes—bibat etiam emuls. commun. ℥iv. post sing. pil. narcotic.

Feb. 28. The patient much better, but neglecting to take his medicines at proper times, and refusing confinement,

On *March* 2. The spasms returned.

Mittantur sanguinis ℥xvi.

℞ Amygd. dulc. excortic. ʒi.

Gum. arabic. ʒß.

Sacch. alb. ʒvi, simul optime contendantur cum aq. flor. aurant. in pastam molliorem cujus sumat. Q. N. M. major. in aq. tepid. ℥iv, solut. 4ta quaq. hora.

This was ordered for convenience, and is a very useful formula in private practice, serving as a portable orgead, or making an extemporaneous emulsion.

Mar. 3. The irritations to make water still continuing

32 *The* MEDICAL MISCELLANY.

tinuing, and even increasing, the patient submitted to confinement, and kept his bed,

Mittr. sang. ℥xii. h. nona matutin.

Repet. enema.

Repet. pil. narcot. (quæ gr. i, opii habeat)
cum emuls. fumend. 2da quaq. hora urgent. dolore.

Mittr. sang. ℥xii. h. nona vespertin.

Repet. enema si non ducta fuerit alvus.

Mar. 4. The patient much relieved, and in proportion as the painful symptoms abated, less quantities of the opiate were administered, and the rectum all along kept open by gentle aperitives and glysters.

Mar. 5. Continues better.

Mittr. sang. ℥x.

During the space of these three last days, plentiful dilution was ordered, to the quantity of one pint of warm liquid every hour, or every two hours, according as his stomach would bear it: and this was done for the following reasons, which have been hinted at in the former case; the urine when it is secreted slowly through the kidneys, becomes more loaded with salts, whose acrimony will naturally excite a greater degree of irritation in the bladder: this we find to be the case even in health, from a small quantity of urine thus saturated (after sleep for instance) occasioning an equal stimulus with a larger quantity more diluted. This acrimony is abated by copious drinking of small lubricating liquors, which quicken the secretion, a circumstance highly necessary, especially

especially in an inflammatory and irritable state of the bladder, when the urine ought to be rendered as mild as possible. Moreover, the obstructed vessels will sooner become pervious, and the tension of the membranes relaxed, in consequence of warm aqueous fluids, internally and externally applied. This reasoning holds good in slighter cases of dysury in gonorrheas of the urethra only, notwithstanding I observe the ingenious and experienced Mr. *Fordyce* hath given a caution against plentiful dilution *. In respect to nitrous medicines I agree with him, but as to the quantity of simple lubricating liquors proper to be drank, I differ; for it is not the quantity of urine secreted, but the acrid quality of it which excites frequent and painful stimulation. And again, in inflammations of the internal coat or membrane of the urethra, where the pain in making urine is considerable, or especially if there is any tendency to spasms, I use opium more freely than common practice hath hitherto directed. But to return to our patient.

On *Mar.* 6. He was so well recovered (tho' much reduced) as to go abroad, and the bladder performed its office without pain. However there occurred a circumstance which ought to be mentioned. It was expected after such large evacuations, and in consequence of such plentiful dilution, that the fluids in every vessel of the body would have been entirely changed and become purified, as in

* *Fordyce's* Review of the Venereal Disease, and its Remedies.



an infant state; but as soon as the patient recovered strength, the running from the urethra appeared again, and was attended with such acrimony as to occasion a severe chordee. This is a manifest proof of the validity of what Mr. *Fordyce* advances in opposition to *Boerhave's* doctrine, that the antiphlogistic method, tho' prosecuted to an extreme, will not eradicate the venereal virus, when the prostate gland is affected: and therefore on account of the activity and obstinacy in this species of poison, I was obliged to have recourse to mercurial inunction, together with pills composed of *arg. viv.* & *pulv. rhei*, by which means the patient was perfectly cured.

In respect to those obstructions in the urinary passage, which require the use of bougies, I shall only here enter one caution: in cases where any symptoms of inflammation remain, an indiscriminate application of them occasions many inconveniences. But a more particular account of these celebrated remedies will be the subject of some future paper.

XX

*Observations on the Constitution of the Air, and
the prevailing Diseases.*

THE effects of the atmosphere upon human bodies, have in different ages and nations, much engaged the attention and enquiry of medical writers. In our country two great men have particularly distinguished themselves by observing
the

the various changes and constitution of the air, and describing the epidemical diseases thence produced; I mean *Sydenham* in the last century, and *Huxham* in this. To their accurate and judicious remarks concerning the use and importance of investigating the properties of the air in different seasons, it would be presumptuous in me to attempt to add any thing: what I have to offer under this article at present will be very imperfect, and intending rather as the means of asking information from others, than of communicating any material intelligence myself: for it cannot be expected that any one practitioner, residing in one place, should be able to give an account of the general constitution of the air, because his observations must of course be limited to the particular sphere in which he acts, and therefore an extensive correspondence from various parts is requisite to supply this deficiency.

Amongst those who are conversant in the history of diseases, it hath been matter of speculation to account for the reasons why an epidemical constitution of air is less frequent than formerly in *England*. The plague for instance, to the dreadful ravages of which this nation was often subject, hath not visited us since the years 1665 and 1666, notwithstanding it has raged in some parts of *Europe* within this century, and as near to us as *France* in 1720; and altho' on account of that promiscuous commerce carried on from hence in every part of the globe (in a manner extensive beyond any example that the annals of the world

can produce) we might reasonably be alarmed with the apprehensions of having the plague introduced by various means from some infected place: yet this calamity hath not lately happened, and may not perhaps ever happen in *England* again.

But to what causes then do we owe our security? are we preserved by the natural happy temperament of the atmosphere in which we breathe? by the frequent changes and variations of it to which this climate is subject? or by the healthful state of our own bodies, and some circumstances in our manner of living?—Some have supposed that luxury, by introducing greater freedom and excess in the use of rich foods and fermented liquors, hath been instrumental in defending us against those infectious particles in the air, which amongst the poorer class of people fed upon low diet frequently produce putrid diseases. How far this may be fact I cannot determine. If the whole region of the surrounding atmosphere should be contaminated with pestilential vapours or *miasmata*, it may be presumed that the rich as well as the poor must be liable to infection, yet perhaps not in so great a degree, because that firmness and tenacity in the blood, which is derived from the use of generous diet, would better enable bodies so nourished to resist the disease. But whatever reasons may be given for the absence of the plague, this observation may be made, that the laborious part of our people owe the means of defence against many diseases to their exercise and employment: in large manufacturing towns for instance, where

where the inhabitants are engaged in constant tho' not violent labour, we find fewer diseases in general than might be supposed from the number of people. But in countries where the people are indolent and poor, the noxious qualities which happen to be in the air, more surely bring on epidemical disorders: and perhaps this may be one reason why the plague rages so much in the *Turkish* dominions, where the subjects are kept in the most abject slavery, and having no property secure to them, become indifferent and averse to labour and employment.

The industry of our husbandmen and mechanics, not only keeps our bodies in proper exercise, but likewise enables them to live better in respect of food than the common people in other nations do, or than they formerly did in this; a circumstance which probably adds to their defence against the effects of a bad disposition in the air. Nor must we omit observing, that the employment of their minds contributes also to the preservation of their health, as rendering them less susceptible of those impressions upon the imagination, which sometimes produce an hypochondriacal habit, and expose the body to putrid and malignant diseases. From these as well as other causes we may in part account for that general good state of health of late years prevalent in *England*, for tho' the air, perhaps, at times, has been in some measure infected, yet our bodies have been better able to resist its influence.

But notwithstanding that happy exemption from
epidemical

epidemical diseases (at least mortal ones) which we have long enjoyed, there have been at different times appearances of a pestilential quality in the atmosphere, affecting the brute creation, tho' the human species hath escaped. Instances of this are too recent in our memory to render any account of them here necessary. Apprehensions are generally formed of epidemical disorders amongst cattle proving forerunners of the same amongst mankind: Dr. *Huxham* relates some examples of this nature happening in 1728 and 1733, and at the same time gives reasons why cattle are first infected.* But these apprehensions are mostly groundless, though the nature and properties of that peculiar constitution of air, which hath a separate influence, sometimes over men, and sometimes over beasts, cannot easily be accounted for.

Although by following the example of so great a man as *Sydenham*, we should attain sufficient accuracy in our observations on the state of the air

* “In obsidione *Trojana*, primo canes, mox muli, post homines peste correpti fuerunt. Haud semel observavi morbum inter pecora erupisse primo, dein eum ipsum paulo post tempore in homines *epidemice* sæviisse; quod & anno 1728 & 1733 fuit manifestissimum: in quibus nempe tussis gravissima omnes pene equos corripuit uno alterove mense citius quam homines.

“Quum nimirum hoc animantium genus maxime sub dio versetur, morbofo aeris *diatbese* sit valde obnoxium necesse est, non tantum aerem inquinatum inspirando, eumque per cutis poros imbibendo forsitan; sed dum aquas hauriunt & carpunt gramen, condensatam quasi sub specie ro-
ris atmosphæram morbidis particulis contaminatam, ex-
ugunt.” *Huxham. Observ. de Aere & Morb. Epid. p. 3.*

and

and epidemical diseases, even to distinguish the genius and idiopathic character of them ; yet we should likewise find their effects varying in different habits, so that the same general disease, does not in every body produce the same symptoms : hence arises the necessity, notwithstanding our universal knowledge, of attending minutely to particular circumstances in each constitution, from which the curative indications must be taken, and accordingly different means must be used, and different medicines administered. The general properties of the air, no man, though he understands them, can anywise alter, therefore his attention must be employed, and his skill exerted in observing and obviating the various effects which those properties may produce amongst individuals : in each of whom he must examine how the disease operates in his constitution, by the same rules and methods as common practice enjoins, independent of any considerations relative to the influence of the atmosphere. We may be assisted it is true, in our practice, by knowing the state of the air, but not absolutely directed ; nor must the application of remedies be indiscriminate under a notion of their specific virtues in epidemic distempers. It is the necessity of attending to these particular circumstances in all diseases, that employs such numbers of practitioners in the profession of physic.

Again, in respect to the state of the weather, it is recommended to keep a meteorological journal, and Dr. *Huxham* hath bestowed many pages upon

upon such a register: but it may be asked *cui bono?* I kept an account of this kind in 1767; but after comparing it very attentively with the effects in diseases that then happened, I could not discover the least use in it, and therefore it was discontinued. The mind soon tires in pursuing any object from which no useful and practical inference can be drawn; and besides we find, that our patients will call for our assistance at irregular times, and upon occasions that cannot have any relation at all to the exact point of the compass from which the wind blows, or to the quantity of rain that happens to fall in a day: every man, in short, carries the seeds of some diseases within him, which burst forth unexpectedly from a thousand accidental circumstances in his constitution, independent of the weather.

I shall now proceed to say something of the state of the air and diseases in 1767, which subject will be discussed in few words, because I can only pretend to relate what occurred in the circle of my own practice. The state of air produced no effects worth mentioning, and indeed since the late *Influenza*, we have had no remarkable epidemic constitution.* In respect to diseases, I observed towards the latter part of the year, that putrid fevers, attended with an ulcerated sore throat and petechiæ, were very frequent; these diseases pre-

* In *November* and *December* there was a general distemper amongst Horses, attended with a cough, and a discharge from the Nose, and great weakness, which killed considerable numbers.

vailed in *September* and *October*, and chiefly amongst young people and children: In some the progress was extremely rapid; they to whom it proved fatal, were seized with violent sickness, an intense and continual pain in the back, faintings and delirium, and died on the third or fourth day, so that little time was allowed for the application of remedies. The bodies of two or three of these people became immediately putrid, insomuch that a very speedy interment was necessary to prevent any ill consequences from infection: before death a large and livid swelling of the eyelids appeared, which quickly turned black, and the skin and cellular membrane, in various parts of the body, were so corrupted, as frequently to strip off. This was the disease in its most extreme and putrid degree, little short of the plague.

In respect to the treatment of this fever, and ulcerated sore throat, the method recommended by those excellent physicians *Fothergill*, *Huxham*, and *Wall*, was chiefly observed. I found the giving of *Ipecac.* or *Tart. Emet.* in small doses, often repeated, very serviceable especially in cases attended with sickness and looseness; and indeed this mode of practice may be successfully used in all fevers wherein either bilious acrimony, or putrid colluvies oppress the stomach: for nature herself, in those circumstances, points out the necessity of irritation, that the offensive matter may be more speedily discharged. — Vitriolic acids were plentifully administered, and had a good effect in correcting that putrid humour in the first passages,

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which

which often occasioned a diarrhea : particular care was taken to have a stream of fresh air constantly circulating in the rooms of the sick, and where intense thirst, and a very dry tongue required dilution, I allowed *Toast-water* cold ; at the same time generous wine and cordials were prescribed. In some, blisters applied early, served to abate the delirium, *pediluvia* were useful, and moderate doses of anodyne medicines often necessary. When the proper time for giving the *Cort. Peruv.* appeared, I used glysters to those children who would not be prevailed upon to take sufficient quantities by the mouth. In almost all the cases which occurred, there was a desquamation of the skin, and the Schneiderian membrane, through its whole extent, was affected : the respiration in many was laborious, and then blisters were always ordered. It is needless to particularise any case, after giving this general description, and as to the *formulae* of medicines, they are easily adapted to the several circumstances that may arise : however, I found the two following very useful in their respective intentions, on account of their pleasant taste, most of the children who refused other medicines taking these very readily :

℞ Aq. rosar. damasc. ℥vii.

Syr. balsam. ℥i.

Sp. vitriol. fort. gt. x. m.

℞ Extr. cort. peruv.

Conf. cynosb. aa ℥iii.

Syr. moror. q. s. m. exactissime ut fiat elect.
molle.

I con-

I conclude this article with observing, that in the month of *December*, the measles appeared frequent, and though, during the extreme cold weather their progress seemed rather checked, yet after the dissolution of the frost they returned again, but were unattended with any remarkable circumstances.

XX

COMMENTARIES *on* New Medical Books.

THE author of the Medical Miscellany, on this his first entrance into the regions of criticism, feels himself much embarrassed by several reflections which arise in his mind, enfeebling his powers, and almost deterring him from the prosecution of his attempt. He is sensible that the task of a commentator is not only arduous and difficult, but invidious also, insomuch that nothing could have induced him to undertake it, except the necessity which he lies under of giving an account of the present state of medical literature, in order to complete the plan of this work.

Whoever attempts to give a fair representation of any literary performance, ought to be possessed of some share of the spirit, learning, and ability of the author of it: now this does not commonly fall to the lot of a critic, for which reason his opinion must frequently be erroneous, and his abstract insufficient to convey a true idea of the sentiments,

or to do justice to the merit of a writer. In proportion as genius, learning, study, time and other requisites for good writing have been bestowed upon a work, so of course it will be more difficult to exhibit a proper review of it: Moreover, it may be observed, that although the circumstance of being anonymous, is in many respects excusable in an author, yet if he should presume to take upon him the part of a critic, and to condemn the works of any man whose name is fairly exposed to the public, whilst he conceals his own, he would be deservedly reproached for taking an unjust advantage: and the sensible part of mankind will always suspect and call in question the testimony of those, who meanly sheltered by their obscurity, dare not reveal their own names, though they frequently take great liberties in censuring and ridiculing others. Again, when the production of a man eminent for his capacity, skill, and experience, is to be commented upon, it behoves us to touch the pen with a cautious — with a trembling hand; for the ideas of comparison between the author and the critic, and their respective talents, will naturally arise, and make an impression upon the readers to the disadvantage of the latter. For these and various other reasons the author of this Miscellany, to avoid giving pain or offence proposes only to select such passages from any work which he reviews, as may have a useful tendency, choosing to express his disapprobation by silence, rather than censure. If he should happen to exercise severity upon any occasion, it will be when

an author betrays an illiberality of sentiment, incompatible with the true spirit of literature, and which in the opinion of all impartial and dispassionate men, will appear justly deserving of rebuke.

An Essay concerning the Cause of the Endemial Colic of Devonshire, by George Baker, Fellow of the College of Physicians and of the Royal Society, and Physician to her Majesty's Household.

IN this essay Dr. Baker, (who by his eminent merit hath obtained a place amongst the first of his profession) undertakes to explain the origin and cause of the Endemial Colic of *Devonshire*. After some general remarks exposing the inutility of investigating remote and obscure causes, and the neglect of those which are obvious and evident, he observes, that the present age hath learned to attend more to nature, and to pay due regard to those causes which lead us directly either to the cure of diseases or to the prevention of them. The earliest account (says he) of the *Devonshire Colic*, which I have met with is, in Dr. William Musgrave's *Dissertatio de Artbritide Symptomatica*, published in the year 1703. In the fifth section of the tenth chapter *de Artbritide ex Colica*, is this passage: — * “ Another species of colic, particularly in *Devonshire*, is occasioned by too much
“ use of rough and acid cyder: which is evident by
“ its affecting those only who drink it, and in proportion to the quantity they consume; so that
“ in those seasons which abound with apples, this

* This is translated from the Latin.

“ disease

“ disease becomes more general ; but on the contrary, when there is a scarcity of fruit it doth not so often occur.” Dr. *Baker* expresses his surprize that the author just now quoted, should omit taking notice of the peculiar and pathognomic symptoms terminating in palsy or epilepsy, which distinguish the *Devonshire* Colic, especially as he appears from another passage in his treatise (hist. 4, chap. 10,) to be well acquainted with them ; but this omission is accounted for, by supposing, that the produce of apples was but small in his time, consequently the disease not so frequent ; nor had he the opportunity of seeing so many cases, as there was not a county hospital then existing. Dr. *Huxham* is next quoted in his *Opusculum de Morbo Colico Damniorum*, published in the year 1739 ; from whose description of the disease Dr. *Baker* readily determines it to be similar to that mentioned by *Francis Citeis*, physician to the king of *France*, and to cardinal *Richlieu* in 1617 ; but he dissents from Dr. *Huxham's* opinion, who thinks it arises from a similar cause, namely the too great use of acids.

“ Dr. *Huxham* refers the cause of the *Devonshire* Colic, principally to a very gross, essential, acid salt, or tartar, with which the expressed juice of apples, whilst unfermented, abounds. By long and frequent drinking a liquor of this kind, such a quantity of crude gross tartar is thrown into the blood, that it thence becomes very acrid ; and not only the blood, but from that impure source, all the humours

“ humours thence secreted : so that instead of a
“ very soft lubricating mucus, separated by the
“ glands discovered by Dr. *Havers*, we have as it
“ were a sharp coagulated matter, whence arises a
“ great pain in the joints, and impotence of their
“ motion. Instead of an exceeding soft lymph
“ to moisten the nerves, a corrosive ichor ; and
“ hence epileptical attacks. Moreover, the blood
“ being saturate with such a great quantity of
“ salts, they attract one the other strongly, and
“ form greater molecularæ than can pass through
“ the lymphatic arteries, scarce indeed through
“ the sanguineous capillaries ; hence various ob-
“ structions, and great irritation on the nervous
“ extremities. At length, even the bile, that va-
“ riously useful balsam of the body, becomes cor-
“ rupted, and quite enervated by the superabun-
“ dant apple acid, though in its natural state it
“ was designed to correct acidity.” This is the
substance of Dr. *Huxham*’s doctrine. But Dr.
Baker doubts the solidity of it, and observes, that
there is not the least analogy between the juice of
apples and the poison of lead, and that this Colic
of *Devonshire* is precisely the same disease, which
is the specific effect of all saturnine preparations.
Here then we first perceive the design of Dr.
Baker’s pamphlet, and the theory which he means
to support ; and certain it is, that whether he is
or is not mistaken in his opinions, he hath bestow-
ed much pains and learning in the investigation of
his subject, proving himself equal to that character
which he hath acquired, of being one of our best
medical

medical writers. After quoting one anonymous author, (supposed to be *M. Bouvard*) who seems, tho' imperfectly, to have entertained the same suspicion with *Dr. Baker*, in respect to the adulteration of wine and cyder by litharge, our author proceeds to controvert *Dr. Huxham's* opinion relative to the pernicious effects of acids, by observing, that no such effects are known amongst the eastern people, who drink large quantities of acid sherbet; nor amongst jockeys, who drink vinegar to reduce their weight; nor amongst the poorer inhabitants of *Worcester, Gloucester, and Hereford*, who use a weak acid cyder as their common drink, nor is it shewn that *Rhenish* and *Moselle* wine have produced the colic of *Poitou*, in an unadulterated state. As to the essential salts of a vinous liquor, it is not reasonable to suppose, that they can raise such tumults in the bowels, when it is vulgarly known, that this very essential salt, the cremor tartari is an effectual remedy for this same disease amongst the miners of *Derbyshire*. *Dr. Hillary* likewise greatly depended upon it for the cure of the dry belly-ach in the *West-Indies*. *Zeller* says, that the inhabitants of the neighbourhood of *Tubingia*, had long drank wines as acid as vinegar, without any injury, till the revival of the adulteration with litharge. Add to these observations, that physicians who have resided some time in the hotter countries testify, that there are no better remedies against spasms, dysenteries, and the other endemial diseases, than the acid vegetables produced in those climates: sufficient reasons therefore

fore appear for suspecting that this colic in *Devonshire* does not proceed from pure cyder, but from some fraudulent or accidental adulteration of it.

Previous to the manner of explaining this adulteration, Dr. *Baker* takes notice of the universality of this disease in *Devonshire*, and adds, that it infests more particularly those parts of the county where the greatest quantity of cyder is consumed: He then quotes the representation drawn by *Citois* of the wretched victims of this disease (similar to which are the appearances in gilders and painters, working with mercury and lead) this description is sufficiently characteristic. “ They appear in the
“ villages as if masked, or like moving statues,
“ pale, squalid, and lean, with their heads incur-
“ vated and hanging down, incapable of raising
“ them up without art or assistance: their feet
“ useless as if not belonging to them; the mus-
“ cles of their legs performing an awkward gait,
“ such as would excite ridicule, if not restrained
“ by pity; and their voice hoarse, yet sounding.”

As an evidence of the frequency of this disease, a list is given of patients admitted into the *Exeter* hospital, for this infirmity, whose number upon an average, amounts to 70 *per annum*. In the † *Bath* hospital in one year, 80 patients labouring under this disease were admitted, chiefly from *Devonshire*.

An extract from some letters of the very ingenious Dr. *Wall* is next introduced, in which that

† The use of these waters, both internally and externally, is recommended as a specific in this disease.—I may add, that in all paralytic disorders, occasioned by working with mercury or lead, the *Bath* water does great service.

G

gentleman

50 *The* MEDICAL MISCELLANY.

gentleman observes, that the counties of *Hereford*, *Gloucester*, and *Worcester*, are in general free from the colic of *Poitou*, or any other endemial disease: that there is no lead used in any part of the apparatus for grinding or pressing the apples: he excepts one instance, wherein a farmer filled a leaden cistern with new cyder, (till hogsheds could be obtained) the consequence of which was, that all who drank it were affected as the lead-workers usually are.

In order therefore to come to the point, and to demonstrate the cause of the *Devonshire* Colic, Dr. *Baker* takes notice, that the cyder-makers of that county use lead in cramping their cisterns, and filling up the interstices between the stones; that it is a common practice to line their cyder-presses with lead, or to make a border of lead round them, and in some places to nail sheet lead over any cracks or joints in the presses; to convey the juice of the apples in leaden pipes; and that some farmers, in managing their weak cyder, made early in the year from unripe fruit, put leaden weights into the casks to prevent the liquor growing sour:—By some, or any of these means, it unavoidably happens, that the apple juice must come in contact with this poisonous mineral; and to ascertain more clearly the mode of union which takes place between wine or cyder and lead, the doctor proceeds to these observations: “ The expressed
“ juice of the grape or of the apple, has a consi-
“ derable quantity of acid united with the saccha-
“ rine matter. This juice when subjected to fer-
“ mentation,

“mentation, has its acid, during the progress of
“that fermentation, gradually assimilated, and
“converted into an alcohol or inflammable spirit.
“But if the original juice or must be crude and
“acid, without having much saccharine matter
“in it, the native acid is with difficulty assimilat-
“ed: or when it arrives at the proper period of
“assimilation, it does not remain there stationary,
“but hastens on to the acetous fermentation.
“When lead is added to such wines, their acidity
“is covered, a sweetness is communicated to them,
“and their acetous fermentation is checked. The
“richer wines are less liable to adulterations of
“this kind, than the poorer wines of northern
“climates (such as *Rhenish* and *Moselle*) and our
“*English* cyder. It is here to be observed, that
“the vegetable acid, either in its native state of
“must, or its fermented state of vinegar, or its
“intermediate state of cyder, very readily re-
“ceives an impregnation from lead, whether it
“be applied in its metallic or calcined state. We
“are therefore to consider lead, when united with
“wines, as is the condition of *Saccharum Sa-*
“*turni*.”

Dr. *Baker* then gives an account of several experiments made upon the *Devonshire* cyder, to prove the presence of lead in that liquor, and afterwards makes some observations on the pernicious effects of saturnine medicines, notwithstanding they have been so much used and applauded by some practitioners. But the limits of this paper will not allow us to follow our ingenious author

through all his arguments and quotations ; and therefore we shall conclude this article with the following remarks :

Notwithstanding the proofs produced by the experiments here related, of lead being actually found in the *Devonshire* cyder, yet the quantity of that mineral, from the doctor's own account, appears to some altogether insignificant, and incapable of exciting any such violent symptoms as are the diagnostic signs of the *Devonshire* Colic. But this objection, formidable as it seems to be, against our author's theory, may in some measure be obviated by thoroughly considering the pernicious properties in general of poisonous minerals ; the immediate effects of which, however prevented, and their operation retarded by much dilution, yet we may presume, that by constant use they must greatly injure the human body, particularly those tender and irritable parts, the internal surfaces of the intestines, from whence so many fatal disorders arise. Again, it is to be observed in praise of Dr. *Baker*, that the theory which he advances not only points out the cause of a disease, but likewise a remedy for it : for if the use of lead is so pernicious, is it not easy to make cyder without any of this mineral in the apparatus ? an expedient which it behoves the cyder makers to put in practice. But on the other hand, if the cause of the *Devonshire* Colic consists in the essential properties of the cyder, the common liquor of the inhabitants, as Dr. *Huxham* and others seem to think, how is this baneful property to be corrected ?
What

What substitute can be found to supply the wants of the people, if cyder cannot safely be used? They are therefore only informed of a mischief which they cannot prevent, and still must remain the defenceless victims of a disease inseparable from the use of the product of their own country, in one of the most necessary articles of life.

Some Observations on Dr. Baker's Essay on the Endemial Colic of Devonshire. By Francis Geach, Surgeon, at Plymouth, and F. R. S. Pr. 1s. Printed for R. Baldwin, London.

MR. *Geach* in these observations appears a strong advocate for Dr. *Huxham's* opinion, concerning the cause of the *Devonshire Colic*, in opposition to Dr. *Baker's* theory; thinking it more probable that this disease should be owing to a predominant acid in the cyder, than to the effects of lead. He imagines, that from the drinking large quantities of acid liquors, before they have acquired a proper fineness and strength by age, much elastic air is produced, causing spasms and colics; and that, as air is an elementary or constituent part in all bodies, it is probable that those extreme pains felt in the extremities, are mostly flatulent, since by rubbing the affected parts the wind is often removed or expelled.

There are several remarks in this production worth attending to by those who are interested in the discovery of the cause of the *Devonshire Colic*. In respect to the use of lead in the presses, the fact is contradicted by Mr. *Worth*, a considerable cyder-

cyder-maker, and by others; and at the same time it is proved, that the disease was predominant amongst those who drank the cyder where no lead was used in the apparatus. How to reconcile these jarring testimonies we know not.

Mr. *Geach* combats Dr. *Baker's* argument drawn from the example of jockeys drinking vinegar without injury, by observing, that the violent exercise which they use, in all probability prevents the evils to be expected from it. Our author then passes by a quick transition from jockeys to girls, and says, "That certain it is, many of the latter
 " have destroyed their health, lost the use of their
 " limbs, and oftentimes their lives, by the frequent use of vinegar, in order to make themselves lean: and this may serve to answer that
 " argument concerning chlorotic girls (advanced by Dr. *Baker*) who, though they may not be
 " troubled with *severe* colics from the acids and
 " trash which they use, are nevertheless seldom
 " free from colical complaints; their hands too
 " are often so enervated as to be utterly unable to
 " grasp any thing, to carry a glass to their mouths,
 " or thread a needle. A young lady was lately
 " under Dr. *Huxham's* care for a disorder of this
 " kind, and was cured by anti-acids and the use
 " of the cold bath." We may however, with due deference observe, that other remedies for this disease in girls have been recommended by some able physicians, and used with great success.

An Answer to the Observations of Mr. Geach, and the Cursory Remarks of Mr. Alcock on Dr. Baker's Essay on the Endemial Colic of Devonshire, by Dr. Saunders. E. Dilly in the Poultry, pr. 1s.

IF Mr. Geach hath appeared as a *strong* advocate for Dr. Huxham's theory, Dr. Saunders here enters the lists as a very *warm* opponent to Mr. Geach, in favour of Dr. Baker. This great medical duel seems to be chiefly fought by the seconds. It were to be wished however, when gentlemen of the faculty happen to differ in opinion (a circumstance not uncommon) that they would observe a regard to decorum in their controversies. For want of this necessary caution Dr. Saunders's performance will appear to many as containing more invective than argument; for instance, in page the first, he says, "The former (viz. Mr. Geach) appears to me in the character of one who is desirous of neglecting no opportunity of paying every mark of respect and adulation to a great name; for his portion of this curious compound, contains little, very little more than a dull, uninteresting, uninformative repetition of a vain unsubstantial theory, together with an addition of much false reasoning from his own private stock, and an abundance of misrepresentation." Again, "indeed this man's arguments do every where appear to me to resemble those slender incorporeal beings, those *tenuæ sine corpore vitæ* which the poet supposes to flutter

“ter about in the other world, *cava sub imagine formæ.*”

After such an exordium, what can be expected? Moderation and temper are the surest guides to truth, and when authors depart from those guides, it is but unprofitable labour to fatigue ourselves with hunting after their opinions.

But we now think it high time to dismiss this subject; leaving the decision of the controversy, whether acid or lead is the cause of the *Devonshire* Colic to future proofs: as to what Mr. *Moor* observes concerning the leaden shot in the bottles containing the cyder that was made use of in one of Dr. *Baker*'s experiments, we think it tends rather to confirm the general position of the doctor; for supposing the cyder could be impregnated with some portion of the mineral, by a small quantity of lead molded in a globular compact form, there is much more probability of its imbibing a greater quantity of the metallic particles from an expanded surface, used in the manner as Dr. *Baker* tells us it is in the *Devonshire* presses.

I proceed now to give a summary view of the other medical productions in 1767, reserving a more particular account for some future opportunity. The introduction of *the new method of Inoculation* gave rise to a considerable number of pamphlets, some of them wrote by men of eminence. Mankind seemed to be particularly inquisitive about this subject, and many of the faculty perhaps were not very well pleased to find so beneficial a practice, in great measure, taken out of their
hands

hands, and carried on to an extent beyond any example before in *England*, tho' in some respects in a ridiculous manner, and favouring too much of empiricism. As this innovation will constitute a remarkable æra in the medical world, it is proposed hereafter to give a clear, circumstantial, but succinct account of the rise and progress of the *Suttonian or new method of inoculation*, together with such a disquisition, concerning the principles and merits of it, as may bring the whole matter into one point of view, and set it in a proper light; Therefore we shall postpone our comments upon what hath been published, till we come to discuss the subject more fully in another place.*

Besides the pamphlets upon inoculation we were favoured the last year with several miscellaneous productions by medical gentlemen. Mr. *Kirkland* from some passages in the antients, recommended in an essay, ‡ the prosecution of the cold method in the treatment of fevers, to an extreme which few practitioners, nor perhaps himself, will venture to follow, especially in this country; Dr. *Glass* had before § given us some very useful hints relative to the effects of cold air and cold water in fevers, and indeed the subject deserves the most se-

* I shall just mention the names of the writers upon inoculation, in the year 1767, viz. *Baker, Dimsdale, Glass, Chandler, Ruston, Bromfield, Tomlinson, Langton, Hollwell, Watts, Gatti, Maty.*

† An Essay towards an Improvement in the Cure of those Diseases which are the Cause of Fevers, by T. *Kirkland*. Surgeon.

§ In his Letter to Dr. *Baker.*

rious consideration. We must not expect in fevers arising from deep or latent causes, from diseases in the viscera for instance, or when nature means a critical discharge, that the meer extinction of heat by drinking cold water, or by having it thrown upon the surface of the body, will prove a radical cure, or even a safe method of attempting it. If that was all which is necessary to be done in fevers, those many accurate and judicious remarks in respect to their different sources, stages, and symptoms, handed down by the ancients themselves, would be of little use, when so easy a remedy would serve every purpose : but the case is not so : the diversity of causes, effects, and constitutions, together with various other circumstances, absolutely preclude all possibility of establishing any one grand febrifuge to suit all cases.*

* The remaining productions of the year 1767, being too numerous to be brought under consideration in this article at present, and some of them deserving a more minute examination, I shall therefore only give the titles of them now in this note, and proceed with the account of Medical and Chirurgical Cases.

Medical Essays, &c. by Dr. *Bisset*.—Practical Directions, by Dr. *Harvie*.—London Medical Observations, Vol. 3.—A Review of the Venereal Disease and its Remedies, by *William Fordyce* Surgeon.—An Historical Account of a New Method of Curing the Scurvy at Sea, by D. *Macbride*, M. D.—Elements of the Practice of Physic, by G. *Fordyce*, M. D.—Essays Medical and Experimental, by T. *Percival*, M. D.—The Gout, by R. *Ingram*, Surgeon.—A Treatise on Diet, by F. *De Velingin*, M. D.

Medical *and* Chirurgical Cases.



Observations on the Paronychia.

HOWEVER slight and unimportant this disease may appear, comparatively with many others that afflict mankind, we shall frequently find upon an attentive examination of the nature, causes and consequences of it, that our utmost care and even skill must be exerted to prevent those evils which may arise from this painful and sometimes dangerous malady. For altho' the first aspect of a swelling, and the first perception of a pritching heat and pain in the extremity of one of the fingers only, seem to be circumstances too inconsiderable to deserve the notice of surgeons, yet the concomitant and previous symptoms, if duly enquired into, will quickly excite a more serious regard, and prove the necessity of tracing this as well as other external disorders, to their true and proper source, that for the honour of the profession, effectual remedies may be timely administered. Indeed there is hardly any case requiring chirurgical assistance, but what derives it's causes, symptoms and appearances, from the grand source of the constitution, and therefore the state and habit of body must be the first ob-

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ject of our attention on all occasions wherein we are consulted.

Admitting the truth of this position, which experience seems to confirm, with as few exceptions as any one general rule is liable to, we shall of course become sensible of the great use and excellence of chirurgical knowledge, which as an unerring clue leads us from facts perceptible and plain to our senses, to the discovery of those remoter causes absolutely necessary to be understood, by the diligent investigation of which we shall be enabled to ascertain the proper method of cure in all cases, and establish our practice upon a true and solid foundation: Thus directed, our observation and experience will more surely point out all the particular and various effects arising from various causes in different constitutions, which are to be explained by the same universal principle of reasoning, however diversified and modified such effects may chance to be on numberless occasions. No just prognostic can be delivered from a meer superficial view of external appearances. In respect to the disease in question, for instance, we must not consider it as local only, but as complicated (as it generally if not always is) with symptoms of such a nature as plainly denote its origin to be from a bad state of the body. This rule of judging may be extended to almost every case under chirurgical inspection. Every wound, every ulcer, every tumour, may in some measure be considered as an index of the habit: therefore we ought always to be upon our guard, and examine
even

even the minutest part, external appearance, or excrescence of the human body, as they may depend upon or be derived from the general system.

Upon consulting experience we cannot hesitate reckoning the Paronychia in general as the effect of a distempered constitution : and considering the different species of it, together with the various consequences and difficulties which often occur during its whole progress, perhaps some observations relative to this seemingly trifling, tho' frequently important disease, may not be altogether unacceptable. Many authors have thought proper to bestow some part of their attention upon this subject, particularly *Wiseman*, *Le Dran*, and *Heister*. I am sensible how dangerous it is to take up the pen after such great masters ; but notwithstanding this, if the least useful hint can be drawn from the labours even of the meanest in the profession, the attempt however unequal, will be excused, and the author acquitted of presumption.

* *Wiseman* describes the Paronychia thus, "*Pa-*

* *Chirurgical Treatises*, Page 54.

I must confess that I cannot help entertaining a partiality, and even giving a preference to our great countryman on most occasions ; his descriptions are clear and precise, his distinctions accurate and just, and his practice founded upon rational principles ; in this part as well as the rest of his excellent works, his genius and knowledge as a Surgeon, are eminently conspicuous. *England*, fertile as she is in producing able men, cannot boast of a better surgeon, or of a more useful writer in his profession, considering the time in which he lived. The perusal therefore of his *Chirurgical Treatises* is earnestly recommended to all young surgeons, tho' I except against the composition of his prescriptive formulae in general.

“ *ronychia*, so called by the Greeks is a small
 “ swelling about the nails and ends of the fingers,
 “ known amongst the Latins by the name of *Pa-*
 “ *naritium* : by the vulgar people amongst us it
 “ is generally called a *Whitloe*.”

“ There are two sorts of *Paronychiæ* ; they both
 “ affect one and the same part, and are fre-
 “ quently taken one for the other, but are very
 “ different in their symptoms. We shall distin-
 “ guish them by the names of *benign* and *malign*.
 “ The former rise superficially under the cuticula
 “ and come suddenly to suppuration ; whereas
 “ the *malign Paronychia* lieth deep amongst the
 “ ligaments and tendons, and is slow in coming
 “ to maturity. I suppose it is that which is com-
 “ monly called a *felon*.

“ The *benign* or milder species takes its origi-
 “ nal from a bilious hot serum : the other is com-
 “ monly said to proceed from aduſtion in the
 “ blood, with a mixture of choler or ſalt
 “ phlegm.*

“ *Paronychiæ* may be truly reckoned amongst
 “ the inflammations, they arising with great pain
 “ and burning heat, with pulsation and tension.
 “ The *benign* soon comes to maturation, and may
 “ be discerned by change of colour in the *cuticula*,
 “ the matter appearing under it as in a blister.
 “ The signs of a *malign Paronychia* are an intense
 “ vehement pain, deep amongst the ligaments

* Or from an inflammatory or putrid state of the blood,
 as the more modern authors would express it.

“ and

“ and tendons, with fever, fainting, and a slow
“ suppuration.

“ The *prognostic* may be made by what hath
“ been delivered of them, *viz.* that the *benign*
“ cometh soon to suppuration, and is easily cured :
“ the worst danger that can happen is but the
“ loss of a nail.

“ The other which lieth deep is of a malign
“ quality ; and if it be not speedily removed,
“ will corrupt the *Periosteum*, rot the bone, and
“ soon extend its putrefaction to the next joint,
“ and threaten the welfare of the whole hand.”

This definition however concise, is sufficiently clear, and seems to be all that is necessary to be made upon the occasion, comprehending the different stages of the disease, from the most trifling appearance under the skin only, to the deeper seat of it amongst the ligaments and tendons, extending from the finger to the arm. *Le Dran* is more particular in his division,* which he gives under four distinct heads. The *first species* affecting the skin only round the nail ; the *second* being formed between the skin and flexor tendon ; the *third* occasioning a putrefaction of the sheath of the tendon alone, or the tendon along with it ; the *fourth* proceeding from a disease of the bone, in consequence of which the periosteum soon putrefies, or is attacked with an erysipelas, which degenerates into a putrefaction. He describes the causes, prognostics, and methods of cure in each species in such a manner as proves him master of his sub-

* *Le Drans* Operations in Surgery, Page 412.

ject, and indeed the whole chapter is justly esteemed an excellent performance. In one point however his account appears defective: which is his silence in respect to the internal causes of this disease. For instance, in the *second* species he says, "This like other phlegmons *may* proceed from an internal cause, but it is generally owing to an external accident, as a puncture, excoriation, contusion, &c. the skin and fat being irritated, or punctured become inflamed, and the inflammation spreading to the rest of the fat, the whole finger swells." Again, "The symptoms are more acute than in other phlegmons, for the following reasons: the skin of the finger is of a firm close texture, and therefore cannot give way to the increased size of inflamed parts, which it incloses, consequently the tension, pain and fever, must be so much the more violent." But with all due deference to this able surgeon, let me ask, may not these symptoms be accounted for from an internal cause? instead of the fat being irritated by puncture, (a doubtful position) may we not with more probability suppose, that in these cases it is made the bed wherein by a *metastasis* from the blood the humours are deposited? are not similar effects often produced when no puncture or accident hath brought them on? certainly either an inflammatory or putrid state of body is in general the predisposing cause, though I admit that a casual puncture or contusion may be the visible means of exciting

exciting so dangerous an irritation in constitutions already rendered *irritable* from some internal or latent disease.

To proceed; in the *third* species he observes,
“ I do not think that an erysipelas, affecting these
“ parts, and forming a *Panaris*, can proceed from
“ an internal cause, since we don't find that the
“ other tendons are subject to this disorder;* but
“ it may be owing to a puncture which hath affect-
“ ed the tendon, together with the sheath, or even
“ the sheath only. These two parts we know are
“ blended together at the third joint, where the
“ tendon is inserted into the bone; it is no won-
“ der therefore if an inflammation of the one
“ should extend to the other. The inflammation
“ spreads afterwards all over the hand, and along
“ the muscle from which the tendon arises, as
“ far as to the forearm, sometimes even to the
“ whole arm, forming an erysipelatous inflation,
“ which terminates under the armpits, and swells
“ the axillary glands. The pain and fever are
“ then very violent, attended sometimes with a de-
“ lirium and convulsions.” I have quoted the
whole passage, because no better description can
be given of the progress of this disease in its ma-
lignant state; but we must observe that it relates
only to the effects, leaving the true cause still a
disputable point. Therefore, if I should dissent
from so celebrated an author myself, I by no means

* This reasoning is not conclusive; how often do we find inflammation and suppuration from internal causes fixing upon some *one* particular part?

presume to dictate to others; for in ascribing these effects to an internal cause, contrary to *Le Dran's* opinion, I am only guided by what my own weaker reason suggests from the experience I have had, as shall be more particularly explained by and by.

Heister differs from *Le Dran* in the division of this subject,* confining himself to *three* species only, but is not so accurate and exact in his description of them. He mentions the *second* species as affecting the *periosteum*, and the *third* or last as infecting the nervous involucra or coverings of the tendons belonging to the flexor muscles of the fingers, and this he calls the worst kind. But *Le Dran*, with more propriety attributes the worst symptoms to the diseased *periosteum*, in which he agrees with *Wiseman*. *Heister* however seems to pay more attention to internal causes, admitting that an acrimony of the blood and lymph, induces a tense fibre, and is aggravated by a heating regimen, or an abuse of the non-naturals. In respect to the method of cure, he quotes *Garengot* with approbation, except in his proposing an early incision, to which *Heister* objects. But the practice of our best surgeons justifies *Garengot's* method.

After thus explaining the sentiments of three great surgeons, I am inclined to adopt the division made by *Wiseman* into two species only, the *benign* and *malign*, as including all other distinctions. Or perhaps we might with as much propriety say,

* *Heister's* Surgery, Part 2, Page 324.

the *inflammatory* and *putrid* kinds, the concomitant symptoms often denoting these two opposite dispositions, requiring different methods of treatment. The cause of the *Paronychia* therefore, generally proceeds from some internal disease in the habit, which nature endeavours to expel, by throwing the morbid matter from the sanguinary system; and as the axillary artery and the branches of it, going to the hand and fingers, are nearer the great source of the circulation, consequently the humour is more immediately deposited in those extremities, where less resistance is made: for the feet being harder and at greater distance, the disease seldom is carried so far, or is able to break forth in those callous parts. For these reasons the fingers are generally affected, and the vessels at the end of them being obstructed, very severe pains quickly ensue, the soft nervous *papillæ*, from their extreme sensibility, suffering greatly by the irritation, so that we need not wonder at the feverish symptoms, and the faintness which commonly attend this disorder.

From these symptoms as well as other diagnostics, the *Paronychia*, even in its slightest and earliest appearance, will be proved to arise from an internal cause. I must own at least, that not one case of this nature hath occurred to me but what betrayed some default or other in the constitution of the patient. For instance, even in the *first species* of the disease described by *Le Dran*, when a little matter is collected under the skin round the nail, the surgeon will find, upon examination, that

the patient hath been troubled with chilliness, or some slight feverish symptoms, previous to the formation of matter there ; which matter is lodged superficially only, and imperfectly digested, because the disease in the habit as yet hath not acquired much acrimony. But even in this state we may observe the wonderful sympathy which prevails throughout the whole body,* evidently demonstrating the relation or dependance one part has upon another, so that the least external inflammation in the remotest extremities, seldom arises except when the general habit is affected ; much less can those severer symptoms of pain and abscesses supervene, but from an internal disease, the nature of which is to be determined from the degree of fever which attends, and from several other circumstances according to the constitution, age, and sex of the patient.

Thus the prognostic is to be taken from internal as well as external symptoms, the former being previous to the latter. But it must be remarked, that there is a very strong propensity in most people to deceive themselves and the surgeon, by attributing constitutional effects to external injuries ; for instance, in scrophulous swellings affecting the joints, in the breaking out of old ulcers,

* This consent of parts is communicated either by the nerves or through the *medium* of the mucous membrane, to organs situated at a distance from each other in the body. For instance, I have observed a nephritic fit irritating the bladder, to be preceded by a pain in the stomach, resembling what is called the heart-burn, and relieved by absorbents.

in cancerous appearances, and various other cases, they will recollect some little trifling blow or bruise which they have received, perhaps long ago, and impute to those insignificant accidents, what in reality proceeds from more dangerous causes; neglecting to observe, and unwilling to be convinced of any constitutional malady. This kind of deception is easily guarded against by the practical surgeon, whose observation and enquiries will soon enable him to discover the true state of the case: and therefore it will behove him to shew his judgment and secure his reputation, by an early prognostic drawn from a knowledge of the causes of every disease under his inspection, and by accurately examining every particular relative to the constitution of the patient, the necessity of this caution being evident from a thousand circumstances in practice.

How frequently do we find the most terrible and dangerous effects succeeding very trifling wounds in some habits? for instance, does not a puncture in the finger, or some other extremity of the body, often terminate in a mortification? how many cases are related by authors illustrating this same subject, and justly ascribing to a diseased constitution, what otherwise would disgrace the surgeon? quotations are unnecessary, because the matter is clear. Such is the difference in constitutions, and such various circumstances happen in the best, that altho' some will endure large wounds and contusions admitting an easy cure, without any unfavourable symptoms, yet in others a meer

scratch will prove mortal.* Therefore among these slighter injuries, whose consequences are de-

* An instance of which take as follows: On *Dec.* 15, a man about 30 Years of age applied for assistance, having divided a branch of the artery on the inner side of the little finger, towards the extremity: the wound was small, but the hæmorrhage was considerable. Upon examination of the patient I perceived that the habit of body was bad, he had been used to hard drinking, especially of spirituous liquors (being also naturally infirm and deformed) his pulse was quick with a tremor of the hands, sickness of the stomach, feverish heat and thirst, and the blood remarkably thin. After opening a vein in the arm to abate the *impetus* in the circulation, which was evident by a violent throbbing in the finger, the wound was dressed with lint, dipped in *Bals. Traumat.* a compress wet with *sp. vin.* applied along the direction of the wounded artery, and another compress laid upon the ulnar artery, properly and equally rolled all up the arm, which was kept in a sling, and the patient enjoined rest, with a suitable regimen. This method of bandage was observed for six days, notwithstanding which the wound frequently bled, and of course no digestion came on: the fever ran high; the vessel was too inconsiderable to tie up, nor in the feverish state of the patient would that expedient have availed. The bleeding still returned by fits, in spite of a tighter compression by bandage, which it was easy to apply with all possible advantage. The fever increasing, on *Dec.* 22, I bled him again, ordered *mixt. salin. elix. vitriol.* and on the 23d, observing a proper opportunity, the *cort. Peruv.* was administered. During the whole time anodynes were given, and yet his stomach continued uneasy, and frequent vomitings came on. The bleeding being stopped a few days, suddenly returned again, and in short all methods proving ineffectual to subdue the fever and bring on digestion, on the 1st of January the patient died.

From the very first examination of this case I took especial care to prognosticate and explain the future danger to some of the patients friends, who otherwise (tho' sensible people) might have blamed the surgeon, and imputed to his unskillfulness, what unavoidably must happen from the circumstances of habit and constitution.

rived

rived from the habit, the *Paronychia* upon the same principles, certainly deserves our attention, to the external treatment of which having mentioned its internal origin, I now proceed.

Jan. 10, E. G. a woman aged 27, of a thin habit, came under my care, having a *Paronychia* at the end of the third finger, attended with violent throbbing pain, inflammation, and a stiffness of the first joint. Having examined into the circumstances of her health, I found that she had been attacked with feverish symptoms, chilliness, and a nausea at the stomach a few days before, therefore I told her the *Paronychia* proceeded from an internal cause, and that the cure would principally depend upon subduing that disease. An incision was immediately made down to the bone,* in conformity to the best practice, the hand bathed in warm water, and the wound dressed in an easy manner, with an emollient poultice over the whole. An anodyne pill was given at night, and repeated at such intervals as to prevent pain. The next day the *primæ viæ* were unloaded, by giving a few grains of *calomel* and a lenient purgative, but the fever being troublesome, and attended

* Not one fibre of the human body ought to be divided without giving sufficient reasons for using the knife, therefore it is necessary to observe on this occasion, that as the vessels are obstructed, and the nervous papillæ distended and irritated in a *Paronychia*, an incision is always proper to give the matter vent, or if no matter is formed, yet the bleeding vessels will be considerably relieved by the discharge, and by bathing the hand in warm water.

with



with lowness and sickness, she began to take the the following mixture on the 12th, after a gentle vomit :

R Spir. minderer. Aq. menth. pip. aa ʒiʒ.
 Aq. alex. simp. ʒiii, conf. cardiac. ʒi Pulv.
 * febr. specif. ʒʒ Tinct. cort. *Peruv.* *Huxb.*
 fyr. balsam. aa ʒi m—dentur cochl. iii 6ta
 quaq. hora.

Along with this mixture she drank freely of weak wine-vey, keeping in bed with a gentle perspiration. Thus the fever was in great measure subdued, and on the 14th the *Cort. Peruv.* alone was ordered. Mean time the wound began to discharge, and was dressed with mild digestive, and *cerat.* over it ; and as the fleshy fibres protruded considerably from the wound, compresses dipped in brandy, properly adapted were applied on each side the finger, with moderate bandage to keep down the fungus ; which also began to shoot forth from under the nail, as generally happens in these cases, but it was checked by gently pressing dry lint upon it properly secured. This method succeeds very well in general, and is far preferable to the *merc. præcip. rub.*† too much used on these occasions, it being apt to excite pain.

* This is made with calx. antimon. or pulv. e chel. 69. c. or equal parts of each, with tart. emet. the proportion being ten grains of the calx to one grain of tart. emet. it serves as a substitute to *James's Powder*.

† I do not altogether approve of the application of *merc. præcip. rub.* because every intention of it may as well be answered by milder digestives, as shall further be explained under the article of ulcers.

and

and irritation. In consequence of kind digestion, the inflammation was abated, and the joint became more easily flexible.* But however on the 19th the fever returned again with pain and bleeding in the wound, and throbbing in the finger, attended with shiverings, and afterwards heat and thirst; the external and internal symptoms corresponding with each other, the state of the wound depending upon the state of the patient's health. It was necessary therefore to repeat the *Pulv. Febr. Spec.* and encourage perspiration again, and after giving another dose or two of the *Calomel* and lenient purgative, the use of the *Cortex* was resumed on the 22d. On the 24th the bleeding ceased, and matter appeared: On the 26th a very small piece of bone from the extremity of the finger exfoliated and came away thro' the wound, this probably occasioned the second fever: she still continued in the use of the *Cort. Peruv.* and so bad and relaxed was the habit of body (having likewise the *fluor albus* at the same time) that the wound was not entirely closed 'till *March 1.* This account tho' it may seem too minute and prolix for so trifling a case, yet certainly gives an idea of what generally happens on these occasions, and evidently proves the truth of the first position advanced, that the *Paronychia* arises from an internal

* I was very doubtful all along, whether the first joint would not remain stiff, an inconvenience which frequently happens from a *Paronychia*, notwithstanding all possible care taken to prevent it.

cause



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cause and frequently proves very troublesome and even dangerous.*

In some cases where a putrid habit of body strongly predominates, we find that the disease in the finger generally extends to the hand; very ugly fungus protrudes from the sore, the edges of the wound are flabby, the tendons slough off, and the discharge is very copious and ill conditioned. Indeed the matter is often so acrimonious that by its corrupting the *synovia*, one or more joints of the fingers become stiff, an event always to be apprehended when we perceive a crackling in the joint, on the least motion of the finger. Under these circumstances it is requisite that we should be very attentive to the internal symptoms, and after we have subdued the fever to administer the Cort. Peruv. with all possible expedition. In respect to the dressings when the tendon is laid bare, lint dipped in some warm balsam should be first applied, and compresses wet with spirits, are to be properly adapted and rolled on, that the flabby parts may be kept closer together, the fibres strengthened, and the matter prevented as much as possible from lodging amongst the tendons. Indeed in almost every state of the *Paronychia* I prefer spirituous applications, except just at first when the inflammation is great, and then

* *Paronychium* atrox interdum, & calamitosum est vitium, id quod evenit primum tum privata & propria ejusdem cacœthia, tum adjuvante prava habitus corporis aut partis aliqujus principis constitutione. *Severin. lib. 2, part. 1, c. 70.*

emollients

emollients are proper, observing in this particular as well as the internal treatment to make a due distinction between the inflammatory and putrid species.*

In other cases wherein from an exceeding bad habit of body, the matter is formed in large quantities, and insinuates itself from the finger to the hand, and from thence to the arm; it is sometimes difficult to determine whether the intervening ligaments by which the tendons are confined, (especially at the wrist) should be divided or not; tho' in general it is a rule with surgeons to pursue the matter wherever it spreads, and to lay open every sinus.

On *September 27, 1767*, a man of a scorbutic habit of body, about 45 years of age, extremely addicted to hard drinking, was seized with a shivering fit and vomiting; on the 29th he perceived a swelling in the palm of his hand, attended with violent pain all up the arm: I being consulted, and observing the nature of the case, and foreseeing the difficulties which would arise in consequence of the patient's bad habit of body, imme-

* The common people generally apply turpentine at first, which always increases the inflammation, and aggravates the pain. *Hildanus* † advises fomentation, and then to make an incision upon the part, which is certainly good practice. *Dr. Friend* in his *Hist. Medic.* p. 393, condemns the application of strong suppuratives, and says, “*Chirurgi nostrates tumorem hunc magno cum judicio secundum digiti longitudinem, ex altera tendinis parte, aperiunt: quo facto, & multum doloris & discrimen omne æger effugit.*”

† *Hild. Cent. Obs* 97.

diately delivered such a prognostic as would afterwards justify myself, and proposed to make an incision directly, suspecting that matter was already formed, tho' it lay very deep. But the patient refusing to comply, an emollient poultice was laid on, he was bled and took some opening medicine, and at night, as the pain was very acute, an anodyne pill was given. On *October* 3, an incision being made, a great quantity of matter was discharged, his pulse still continued full, for which reason bleeding was repeated, and all other proper measures taken to abate the fever; the arm being placed in a sling, or laid upon a pillow, in as easy a position as possible. As the matter was ill-conditioned, and the aspect of the patient very unhealthy, I was solicitous to give the *Cortex Peruv.* as soon as ever the fever shewed the least signs of intermission, and accordingly he began to take it on the 4th, joined with *pulv. rhei* and *sal. nitr.* in proper proportions. On the 5th the inflammatory symptoms seemed to increase, altho' the discharge was copious; the arm swelled greatly at the elbow, and the lymphatic system being affected, the glands in the *axilla* became enlarged and painful, at the same time a tumour began to appear above the wrist amongst the tendons, and in the direction of the ulnar artery.

Repet. V. S. hodie.

Repet. Pulv. *Cort. Peruv.* cum rheo & nitro.

Repet. Pil. Narcot. (quæ gr. i, opii habeat)
pro re nata:

On

On the 6th, after great pain and restlessness, (tho' abated by the opiate) I perceived matter in the new tumour, and immediately made a free incision, bathing the arm afterwards in warm water, and suffering the wound to bleed a considerable quantity. On the 7th, a great deal of matter was discharged from the last incision, tho' not of a good consistence. The dressings were light and gentle, and an emollient fomentation and poultice used as at first. The pulse being full, *Repet. v. f.* this day likewise I perceived, that there was a communication between the two incisions, the matter running under the carpal ligament, and flowing equally out of both wounds upon pressure made betwixt them. On the 8th and 9th, the swelling being considerably abated, compresses dipped in brandy were applied all along the arm, with a moderate bandage, so contrived as to endeavour to promote a union of parts at the wrist, being unwilling to divide the carpal ligament. The fever was abated, and the patient continued taking the *Cortex*. Finding, after three or four days trial that it was impracticable to unite the parts at the wrist, and prevent the communication between the two wounds, I resolved at length to lay the whole open. In this operation, as the sinus ran very deep, I was apprehensive of wounding the ulnar artery, from which accident, in the bad state of health of the patient, some disagreeable consequences might ensue. And besides, the integuments and all the parts were so swelled and indurated, that it was

difficult to distinguish one from another; a circumstance which frequently occurs in practice, sometimes puzzling the nicest and most accurate anatomical skill, which cannot then so exactly determine the situation or course of those vessels, which we would wish to avoid wounding for several reasons. The director (an instrument not so much in use as formerly) was cautiously introduced, and an incision made the whole length of the sinus, laying both wounds entirely into one, attended with a copious but not dangerous hæmorrhage. Thus the work was now fairly completed, and the management of the case depended upon easier principles. On the third day after the operation, the dressings were in part removed, such as come readily off, leaving the rest to be loosened by the discharge, which appeared very favourable. No material difficulty afterwards occurred, and the wound was healed in due time by mild applications, assisted by proper bandage. The patient suffered no inconvenience from the division of the carpal ligament, and notwithstanding some tendons were laid bare, he recovered the perfect use of his hand.

In most cases of the *Paronychia*, the lymphatic vessels from the finger to the axillary gland are affected with swelling and pain, which symptoms abate in proportion as the fever is subdued. Indeed the lymphatic system may be disordered, both from internal and external causes, producing in that system similar effects, tho' operating differently upon the body. In one case, the virus or acrimony,

mony already predominant in the habit, may be returned into the blood by absorption of matter from any wound or ulcer, in a bad state: in the other, the lymphatics become the vehicle, by which some external poison is conveyed to the habit. Thus we see in old ulcers, attended with inflammation and pain, from some disease in the constitution, that the whole leg will frequently swell, the discharge will suddenly be absorbed, the neighbouring glands be inflamed, and a fever in consequence arise. Again we may observe, that by the smallest puncture, the poison infused, either from venemous insects and animals, or by introducing the variolous infection, will immediately affect the lymphatic vessels and glands, and soon afterwards be poured into the blood. These circumstances are mentioned to excite the attention of young practitioners, that they may be enabled to account for those various symptoms and appearances, occurring in all cases, wherein the lymphatic system is concerned, the number of which is very great, and to shew the necessity of understanding well the nature, use, and course of those vessels, expressly mentioned by *Hoffman*, and (waving all disputes about the first discovery of them) extremely well illustrated by Dr. *Hunter*.*

It

* In respect to the nature and use of the lymphatics, I think that whatever is necessary to be known about them, at least as far as relates to practice, may be found in *Bartholin* and *Hoffman*, particularly the latter. His description of them is so accurate, that I cannot help quoting some passages

It is now time to conclude this article, having sufficiently explained the cause and the progress of the *Paronychia*, in all its stages. Cases indeed may differ in some particulars, but the general principles will remain the same. If it should be remarked, that this seems a matter too trifling to deserve so much notice; I would urge that argument as the very reason for dwelling so long upon it. When real danger lurks concealed under a specious or slight external appearance, then it

passes from it; indeed, whoever reads the whole chapter will not be very solicitous concerning the merits of a late controversy, nor perhaps, will he suppose that either of the disputants can have any just claim to originality, or to the title of first discoverers.

Duplex est origo vasorum lymphaticorum, quædam ex ipsis arteriis prodeunt, alia ex porosa & cellulosa partium substantia nascuntur.

Lymphatica quæ ex partium substantia oriuntur, aquosam succi nutritii partem resorbent ac revehunt ad cor.

Quia lymphatica vasa ex substantia partium nascuntur, quæ ibi subsistentem aquosam partem revehunt: hinc dari ratio potest, quare ab usu fortiorum purgantium vel diureticorum, in cachecticis copiosum humidum ibi subsistens in hos canales resorberi & per intestinorum glandulas expurgari possit.

Revehunt vero omnia lymphatica ex universo corpore lympham suam ad capsulam lumbarem & chyli ferum ductum, in quem se oxonerant.

Cum omnia vasa lymphatica revehunt lympham a circumferentia ad centrum, omnis autem regressus propter ascensum perpendicularem, præsertim ex partibus remotioribus contra naturam & valde difficilis est; hinc sapientissimus opifex multa ordinavit adjumenta, quæ lymphæ progressum faciunt.

Hoffm. Lib. 1. Sect. ii. c. iii. p. 57, 58.

certainly

certainly is more incumbent on us to give fair warning, and to explain the future consequences, that no blame be imputed to our conduct and management. As to those cases of greater importance, where the danger is evident, the friends of the patient will not be surprized if the worst should happen, being sufficiently prepared for the event.



Of a Fever, from obstructed Perspiration.

THERE is not perhaps in any science a word or term of more general use, or extensive signification than that of FEVER, as it occurs in medical writings. In respect to the original sense and meaning of it, amongst the antients, described by *Hippocrates*, by the word *Fire*, and explained by others, as denoting an increase of heat and velocity in the motion of the blood, the idea is simple and intelligible enough. But when we consider the infinite variety of causes and effects thence produced, names, periods, and distinctions to be met with in authors, it would require many volumes to explain the theory of Fevers, or to give an epitome of the works of the antients only upon this comprehensive subject. A system of this nature far exceeds the limits of this little work, and the abilities of the author. To collect under one head all that is useful upon this occasion, would be an undertaking worthy of the

the most able and experienced physician. To range only the names of those who have treated of Fevers in chronological order, deduced from *Hippocrates* to the present time, would be no difficult task; and perhaps something of this kind may be done in the course of this undertaking, interspersed with a few remarks.*

Notwithstanding the greatest praise is due to human industry, employed in labours and researches, tending to promote the welfare of mankind; yet there are many voluminous writers from whose works the science of healing hath not received advantages equal to the bulk of them. Before the circulation of the blood was known, all physical systems must have been imperfect. Great capacity, extensive learning, and indefatigable industry, were undoubtedly displayed in many antient performances, before *Harvey* appeared, and yet that grand discovery was want-

* *Gaspar Bindonus*, in a work printed at *Venice*, in 1575, hath given an account of the antient writers upon Fevers, both Greeks, Arabians, and Latins, viz. *Hippocrates*, *Galenus*, *Paulus Ægineta*, *Alexander Trallianus*, *Ætius*, *Oribasius*, *Nonius Medicus*, Greeks. *Avicenna*, *Razis*, *Abimeron Avenzoar*, *Averrois*, *Isaac*, *Serapion*, *Haly Abbatis*, *Actuarius*, Arabians. *Corn. Celsus*, *Q. Serenus*, *Plinius Secundus*, *Gariopontus*, *Constantinus Africanus*, *Bernardinus Gordonius*, *Petrus de Abano*, *Arnaldus de Villanova*, *Philonius*, *Nicolaus Nicolus*, Latins.

The publisher of this book, together with the names of the authors here mentioned, hath given a very useful compendium of their practice and opinions; and upon the whole it is a work of great merit.

ing

ing, and consequently many of those improvements never thought of, which have since been made, reflecting the greatest honour on that noble invention, and its immortal author.

But although the advantages which the medical art hath received from *Harvey's* labours, are numerous and evident,* and many able men by pursuing the clue pointed out by that great genius, have more accurately examined, and more clearly explained the structure and offices of several organs in the human body, (being animated by his example,†) yet we are far from arriving
at

* A diligent perusal of the works of *Harvey*, is indispensably necessary for every young practitioner.

“ † Dr. *Harvey* first published upon the motion of the
“ heart and blood, at *Francfort*, 1628; about which time,
“ *Aselli* of *Milan*, also published his discovery of the lac-
“ teals in a dog. *Pecquet* of *Paris*, wrote on the receptacle
“ and duct of the chyle, in 1651, that had been described
“ before him by *Eustachio*. *Bills* and *Joliff*, espied the lym-
“ phatic vessels in 1650, which had been transiently seen
“ upon the liver before them, by *Aselli*. *Wharton* in 1656,
“ *Steno* in 1662, and *Nuck* in 1690, dived into the glan-
“ dules in general. *Swammerdam* in 1664, and *De Graaf*
“ in 1668, examined the parts of Generation; *Harvey* in
“ 1651, *Needham* in 1666, *Hoboken* in 1669, and *Kerkring*
“ in 1670, the fœtus and its appertinents. *Glisson* illustra-
“ ted the liver in 1664; *Versung* in 1643, and *De Graaf* in
“ 1664, the pancreas. *Ruysch* in 1665, the spleen and
“ lymphatics. *Willis* in 1664, *Vieusens* in 1685, and *Rid-*
“ *ley* in 1695, the brain and nerves, while *Ruysch* went on
“ with the blood vessels. *Willis* in 1673, and *Peyer* in
“ 1677, scrutinized the stomach and intestines. *Bellini* in
“ 1662, and *Malphigi* in 1666, the kidneys. *Borelli* and
“ *Lower* in 1669, the heart. *Highmore* in 1651, *Schneider*
L “ in

at the summit of perfection in this science. Theories in general have been spun too fine, systems have been multiplied too much, and some performances, tho' celebrated for ingenuity and elegance, have not been so satisfactory as we could wish, while others have failed answering the purposes of instruction on account of their tediousness, and want of perspicuity. These errors future writers should endeavour to avoid, by cultivating that simplicity which nature delights in; for in truth it may be said, that the art of physic is in many cases merely conjectural; few, very few definitions (in regard to Fevers, for instance) are sufficient to give a just idea of the whole system, at least such an idea as can be useful, or such as our memories will be able to retain.

" in 1665, and *Cowper* in 1698, the inner nares. *Briggs*,
 " the eye in 1685; and *Duverney* in 1683, the organs of
 " hearing, &c. all which, with lesser discoveries and obser-
 " vations you will find worked up into systems of the last
 " age, although you will perceive a great many of those
 " supposed new discoveries, already anticipated above an
 " age before, by the great prince of anatomists, *Eustachio*."

Haller's Physiology, introd. p 68, 69, 70.

From this numerous list it appears what infinite pains were bestowed by the physicians and anatomists, living in the last century. They were undoubtedly animated by the spirit of emulation and enthusiasm, first excited by our great countryman's discovery, and so minute have been their enquiries and researches into every part of the human body, that little remains now to be further explained, or to be added to their labours, especially after what *Dr. Hunter* hath made public at his lectures. To his fame, as an anatomist equal to any that has yet appeared, my testimony can be no addition.

Above

Above all, an accurate knowledge of the human fabric, and a diligent observation of facts and cases, are the surest guides to excellence in this profession, and to teach us rational methods of practice in the curing of all diseases.

It is observed by some medical writers, *that before we can understand what a disease is, we ought to know in what perfect health consists*; this position demonstrates the usefulness of cultivating the science of anatomy in all its various branches, previous to our undertaking the cure of diseases; and indeed every consideration points out the absolute necessity of observing this rule; for it must occur to every man who consults his own safety, that the nature, causes, and symptoms of diseases, the operation of medicines, and the intention with which they are prescribed, can never be properly understood, unless by those who have acquired a due knowledge of the structure of that noble machine, upon which all medicines are designed to act: and not only the component parts or solids, but likewise the nature of the fluids, the laws of the circulation, the different secretions and excretions, with all particulars relative to, or depending upon them, must be made the objects of our attentive study, and a sufficient progress made in these enquiries, before we presume to meddle with diseases. Thus we see into what an extensive field the theory of fevers would lead us; a theory, which if taken in its utmost extent, would require us to explain every organ

and secretion, because in fevers almost all of these are in some sense or other affected. But this is a task too arduous for our present purpose, this we shall leave to anatomists, as belonging to their province, and contenting ourselves with a few familiar observations, proceed afterwards to mention some facts, which may more fully illustrate our opinions.

We will first suppose a state of perfect health. In this all the organs of the body are presumed to be sound, and to perform their offices without any obstruction, the various secretions are carried on uninterrupted, the blood pure and unmixed with heterogeneous particles, flows in an equal gentle tide, and is propelled and returned by the arteries and veins, in that regular course ordained by and agreeable to nature; the respiration is free, the muscles are pliable and active, the appetite is good, the sleep refreshing, and each fluid continues to circulate in its proper channel, and in that only. With this happy temperament of body the mind likewise concurs, and preserves itself calm, serene, and composed, not agitated by any passion, nor too much engaged in any pursuit. By the mind we mean that active principle, or immortal intelligence, (call it what you please) which is intimately conjoined, and co-operates with the body, by means of its grand instrument the encephalon and the nerves thence arising. It mutually acts upon, and is actuated by the corporeal organs. And thus temperance and health in the body, and right reason and philosophy

lofophy in the mind, together form the moft perfect ftate of human felicity to which we can poffibly arrive; and to reftore the difeafed conftitution to this happy ftate, is the higheft degree of knowledge, and the greateft honour to which a phyfician can afpire.

This is the true definition of health, taken in its utmoft latitude, and whatever difturbs this fystem conftitutes a difeafe in its firft principles. Whatever caufe accelerates the motion of the blood, or increafes the heat of it beyond the due medium, is properly fpeaking, a *Fever*, or the *Fire*, fo denominated by *Hippocrates*; an effect which may be produced from infinitely various caufes, from fome paflion of the mind, from excefs of muscular motion, from intemperance and other errors in the non-naturals, and a thoufand different circumftances too tedious to be here enumerated. Our anatomical knowledge, and the idea we may be fupposed from thence to have entertained of the ftate of perfect health, in the body and all its organs, will fufficiently inftuct us to account for thefe phænomena, otherwife unintelligible. For inftance, when we find after fevere exercife and fatigue, that a fever is excited with heat, thirft, and pain in the bones; this we fhall naturally fuppose to arife in confequence of the vascular texture of all parts in the body, even the bones themfelves being pervious; into the ferous veffels of which, the blood by the attrition of the mufcles is violently propelled, occafioning the tender tubes to be too much diftended, irritating the

the nervous extremities spread upon the perio-
steum and other membranes, and thereby exci-
ting inflammation and pain. This extreme is
cured by its contrary: rest relieves labour. But
labour often repeated, and long continued, pro-
duces by the same causes, many inconveniencies
which are more lasting: to these causes we may
justly ascribe the rheumatic pains, the rigidity and
stiffness in the joints and limbs, more generally
observable amongst hard working people: because
the smaller vessels becoming obstructed, and the
glandular lubricating juices secreted in the joints
much wasted by labour, of course motion is im-
peded. And perhaps, on account of the greater
resistance which is made to the circulation and
momentum of the blood from obstructed canals,
Fevers in these subjects prove more dangerous and
obstinate. Labourers indeed, possess more strength
and firmness in their fibres and vessels, but less
flexibility: on the contrary we find in delicate
habits, that fevers (I mean *primi generis* from an
increased velocity of the motion of the blood only,
and not in nervous cases) are cured with greater
facility and expedition, because the vessels are
more previous, and the fibres less rigid.

The primary principle then, or cause from
which simple fevers are generated, appears to be
owing to an increased motion, and consequently
heat in the blood;* this we see may be excited
by

* This by forming obstructions in the *minima vasa*, seems
to furnish us with the most natural definition of a Fever, and
nearly

by exercise, which, tho' very necessary for the preservation of health, and for promoting the animal secretions, yet being prosecuted to an extreme, or too long continued, occasions those inconveniencies, which we have been speaking of. But tho' man suffers in this respect by his labour, we shall find that he is infinitely more injured by his luxury. For an intemperate indulgence either in food or liquor, will certainly disturb that even regular circulation, which we have described as the just criterion of health, and will be productive of dangerous consequences, by creating a plethora, that destructive source of mischief and disease to the constitution. This will be more clearly demonstrated, if we observe, that even after a

nearly corresponds to the *Boerhavian* system. *Hoffman's* doctrine of spasms is not so consonant to reason; he says, "Mihi itaque ad veritatem accommodare sic definienda videtur febris: quod sit *spasmodica* universi systematis nervosi & vasculosi affectio, juncta cum omnium in corpore functionum læsione, orta a causa nervosas partes ad intensiorem contractionem irritante, ita quidem, ut accedente ipsa, fluida vitalia primum ad interiora, cor & majora vasa ab externo ambitu agantur, & postea, aucta cordis & arteriarum systole, celeriter cum æstu per strictiora vasa iterum extrorsum pellantur, donec spasmo laxato excretiones succedant & febris definat."

Hoffm. tom. 2, par. 1. pag. 9.

I should suppose that the effect of the nerves upon the arterial system, in quickening the motion of the contained fluid, is not so often the cause of fevers as meer plethora, independant of the action of the encephalon. We well know that the mind cannot always command or suspend the motion of the heart, which in general performs its systole and diastole, *sua vi & arbitrio*.

temperate

temperate meal the circulation is considerably quickened, by the chyle being poured into the blood ; for which reason the wisdom of the anti-ents delivered a caution against the use of exercise immediately after eating, because from these two concurring circumstances, the motion of the blood would be so much increased as to defeat the purpose of nutrition, and bring on many other inconveniences and diseases. If therefore a temporary fever is produced in consequence of moderate eating, tho' of the simplest food : what innumerable mischiefs must arise from that luxury which disgraces our modern tables ? how many diseases must unavoidably spring from the excessive use of fermented liquors ? how much must the body be debilitated, not only by that scandalous indolence and effeminacy too frequently found amongst the youth of these times, but that vitiated taste, which instead of satisfying nature, is perpetually seeking for high-seasoned dainties ?

The number of those who fall victims to luxury, who sacrifice their time, their health, and themselves to that foul idol, is incredible, is infinite : To describe the variety of diseases brought upon the human body from this cause, would be an endless task. I shall therefore only beg leave to quote some passages out of *Haller*, which will give a sufficient idea of the consequences of intemperance, even to those who do not belong to the profession of physic, and as this work may
happen

happen to fall into their hands, it is hoped that the note will not be unacceptable.*

Amongst

* “ A *Plethora* varies in its consequent effects, according
“ to its quantity or degree, its extent or seat, and the time
“ it has continued. A chylous plethora soon breeds one
“ that is sanguine, as that does one which is serous or lym-
“ phatic; and that by degrees unravels all orders of the
“ web-like or cellular strata, surrounding the nerves and
“ the least vessels, with the whole compages of the viscera.
“ The generative or productive causes may be reducible to
“ two heads: including (1.) those which make more chyle
“ and blood than are necessary for the sex, age, or occu-
“ pation; such are a strong stomach, bowels, and liver,
“ joined with costiveness; foods and drinks highly nourish-
“ ing taken too copiously or too often in the day; an effe-
“ minacy in the habit, make, or proportion of the body of
“ man, or those which are natural to a woman, to which
“ add a sanguine temperament, and a short stature. (2)
“ Those which diminish the circular motion, triture, and
“ expulsion of the blood and juices once formed: such as
“ an effeminate weakness of the nervous, vascular, and
“ cellular systems; a rigid or senile inertia; a deficiency of
“ nervous juices, either in quantity or quality; a recluse,
“ inactive, or sedentary life; a careless disposition of mind,
“ with too much indulgence of sleep; or lastly, any ac-
“ customary discharges too suddenly stopped, diminished,
“ or neglected.

“ The preceding causes may indeed accumulate too great
“ a quantity of good juices in the cellular system and least
“ vessels, so as to produce a latent plethora, that may gra-
“ dually vitiate the whole habit, by a cachexia or caco-
“ chymia; but if this dormant fullness be too suddenly ex-
“ cited, or driven from the smaller vessels and stagnant
“ cells, into the larger trunks, which have a much less
“ ratio of capacity than the capillaries; it will then be an
“ excited plethora, which may be suddenly fatal, by ex-
“ erting its violence on some of the important viscera, if
“ not timely relieved by the lancet, with other evacuations
“ and revulsions. Such a fullness without artificial evacu-
M “ ations,

Amongst the many ill effects arising from a plethora, let me here mention a few circumstances

“ ations, can only be removed by exercise, gradually increased, with a subtraction from the diet, as those well know who deal in fine horses; having learned by experience, the fatal effects of removing them suddenly from long rest, to violent or swift labour, which if not presently fatal, seldom goes over without leaving *staggers*, *bad wind*, or a consumptive pining from injured bowels.”

After enumerating the exciting causes of a plethora, our author proceeds to mention the effects of it, thus, “ Let us then first endeavour to reckon up the effects of a dormant plethora, as near as we can, in the order they stand connected, or are productive one of another: such are an impediment of the circulations, secretions, and excretions, throughout the whole habit: too great a distension and unravelling of the cellular fabric, least vessels and nerves, wherever they are the most lax, and return the least action upon the fluids; thence a weakness in the contractile spring, or tone of the solids, and of their muscular nervous force likewise. From thence the juices by degrees contract a cold visciditv, thence arises a chilly leucophlegmatic habit, and a cold scurvy that may end in a fatal wasting or dropsy. From the said causes ensue a stupidity of the mental, and a laziness of all the bodily faculties, with a perpetual inclination to dozing and sleep: the skin appears livid, bloated, and oedematous; the pulse is weak, slow and soft; the eyes swelled, watery, and red without heat, impatient of the least cold wind, especially upon first arising in a morning; the blood too poor, loose, or serous, productive of an infinite variety of diseases.

“ The consequent symptoms, signs, or effects of a dormant plethora, excited by any sudden commotion of the nervous or arterial systems, are, (1) speedy weariness, short breathing, and a sensible throbbing of the arteries throughout the body, even from slight exercise, or passions of the mind, or other motive causes. (2) A tur-
“ gescency

ces, which daily observation brings before our eyes. I mean for instance such as happen in those

“ gescency of the veins and skin, with flushings of the
“ countenance. (3) A pulse that is somewhat soft, but
“ large and full, and very labouring. (4) Erroneous
“ strayings of the red or yellow parts of the blood, into the
“ smaller white vessels and continuous ducts, which ought
“ to resist and confine them within the sanguineous system :
“ [*thus we see the vessels in the face give way, and become*
“ *filled with red particles, on account of the increased motion of*
“ *blood propelled from the carotids which are nearer the heart, and*
“ *consequently more forcibly acting upon these parts*]. (5) An-
“ guish or oppression in the viscera that surround the heart,
“ and periodical pains chiefly about the head, back, sides,
“ or joints, either rheumatic or hysterical. (6) Morbid,
“ colliquative, and weakening discharges from slight spastic
“ commotions of the mind, exercises of the body, and
“ small excesses in the non-naturals. (7) Continual fevers,
“ or local inflammations. (8) Lethargic, apoplectic, pa-
“ ralytic, convulsive, chronical, and nervous disorders of
“ various kinds.

“ In respect to the cure—the generating causes call for
“ correction by their contraries gradually introduced, and
“ as gradually abated, after the cure is confirmed ; in which
“ lies one of the most important branches of skill in the art
“ of healing : but the exciting causes, to prevent sudden
“ and fatal effects, require to be quelled immediately, by
“ blood-letting, cupping, lenient purging, and revulsions
“ from the important parts more immediately affected, by
“ blisters, issues, clysters, &c. let the sleep and diet be
“ gradually lessened, especially in Summer, and the exer-
“ cises of body proportionably increased ; only observe
“ here, that such as cannot confine their appetite to a small
“ quantity, i. e. to use aliments less nourishing, as are all
“ those preserved by salt, vinegar, spices, &c. the wines
“ dry, Florence, Old Hoc or Rhenish, reduced by degrees
“ to a moderate quantity, and qualified with water, either
“ drank separately or in commixture.

Haller's Physiolog. vol. 1. pag. 352, &c. *Passim*.

people, who drink too much of what is called *mild* malt liquor, especially by taking it slowly into the stomach, and sitting a long time over it, so that almost every drop of this glutinous composition, enters into the lacteal vessels; in consequence of which, a Plethora of the worst kind is generated, manifesting itself by a reduncancy of humours in all the glandular systems, by infarctions of the lungs, obstruction in the liver, and other hypochondraical viscera: in these cases the cellular substance is too much increased and inflated, the breathing is rendered difficult, muscular motion impeded, and the whole body soon loses its activity and its gracefulness; for the unhappy followers of this custom become bloated and dropical, rendering their lives useless to society, and burthensome to themselves. Besides, the bad effects of this distempered habit will appear more alarming, if we consider, that at a certain time of life, when animal growth ceases, there is a natural disposition in the body to an increasing fatness, which in itself will sometimes be productive of diseases, and therefore the inconveniences arising from it, are in every respect made worse, if we add to this load by our intemperance, instead of diminishing it by exercise, that best preservative of health.

Thus, for the sake of instructing the juniors in the profession, and for the amusement of those readers who do not belong to it, we have attempted to give a plain definition of a Fever, as an increase of heat, or of that equal circulation
of

of the blood and humours, in which perfect health consists, as excited by things, which tho' in themselves necessary to animal life (such as bodily motion and food) yet if they exceed the due bounds of moderation, must inevitably prove injurious to the body: and again we have fully explained (from *Haller*) the nature of a plethora, as it is occasioned by an intemperance in eating and drinking, and other indulgencies, and which proves so fruitful a source of diseases. But besides these causes, which are principally owing to our own misconduct; there are many others entirely out of our power to controul, and which the most prudent care for our health cannot always enable us to shun: Amongst these we are to consider the temperament of air, sometimes abounding with noxious particles: and another accidental circumstance of great moment, happening frequently and unexpectedly, which is an obstructed perspiration, the consequences of which we shall briefly relate.

But previous to our explaining the many mischiefs which may arise from the perspiration being obstructed, it is necessary to observe the vast use and importance of this excretion, a subject already amply treated upon by medical writers, particularly *Sanctorius*, whose computation is, that it exceeds in quantity all others of the body put together. And that it is designed to carry off from the blood, many particles become useless, and even obnoxious, there is no reason to doubt. For the imperfect and perishable state of the human body,

is

is subjected to numberless inconveniences and necessities, which require various secretions and excretions, to be continually carried on in due proportion thro' tubes infinitely minute, the least obstruction * in which interrupts the animal functions, and proves destructive to health. Consequently we find, that insensible perspiration thro' the pores of the skin is of the utmost importance, and that whenever a check is given to it, a fever immediately arises, attended with symptoms, varying in different constitutions from a thousand accidental circumstances, which it is impossible fully to enumerate, every day producing fresh instances in practice.

Examples therefore would be endless; and in respect to the forms of prescription, or to the assistance which regimen affords, every practitioner knows how to apply them, according as symptoms require.

On Feb. 23,—A young lady about 25 years of age, complained of shiverings, pains in the limbs, and afterwards heat and thirst; her eyes looked heavy, her pulse was quick, her voice al-

* Thus we observe in old age, that the pores of the skin become almost impervious, and the juices being confined occasion that frequent itching, to which people in that stage of life are subject. “ That the useless juices are not
“ sufficiently carried off in old age, says Dr. Mead, mani-
“ festly appears from the dissections of the bodies of very
“ old people; the insides of their arteries being sometimes
“ found ossified here and there, whereby they had almost
“ entirely lost their springiness: and the orifices of the na-
“ tural ducts are often observed to be quite cartilaginous.”

Mead's works, 4to. p. 460.

Vid. *Hoffm.* tom. 3. sect. 1. cap. viii.

tered

tered in consequence of the *Schneiderian* * membrane being affected, and her face was alternately pale and flushed: the catamenia had appeared in due quantity about a week before; there was nothing remarkable in respect to stools or urine, but her skin was rather hot and dry, and her tongue furred. She had caught cold by indiscreetly exposing herself to the evening air. As there was no sickness at the stomach, the first intention of cure was to excite perspiration; for which the following mixture was ordered, and plentiful dilution enjoined, with balm tea, weak wine wey, and other small liquors warm.

R Spir. Minderer. Aq. Menth. Pip. aa ʒiʒ.
 Alex. Simp. ʒiv Pulv. Febrif. Specif. ʒfs;
 Syr. Balsam ʒi m. sumat cochl. iii, 4^{ta} vel
 6^{ta} quaquâ horâ.

The *Pulv. Febrif. Specif.* hath already been recommended,† and is on every account preferable to the *Pulv. contr. comp.* or the *Pulv. Bezoard.* or indeed any other of those supposed febrifuges, because it certainly promotes perspiration more effectually, by gently irritating the stomach; and with this peculiar advantage, that if there is any

“ * Nimirum quando ex conclavi valde calefacto, vel ex
 “ lecto calido, in auram frigidiorē subito concedimus,
 “ horrore corpus e vestigio corripitur, & suppressa perspira-
 “ tione, materia acris excrementitia in interiora maximeq;
 “ glandulosas tunicas faucium, oris, narium, & bronchio-
 “ rum vergens, tussim, coryzam, defluxiones, & febres ca-
 “ tarrhales conciliat.”

Hoffm. tom. 3. sect. 1. cap. viii. p. 335.

† Vid. p. 72.

bile

bile or offensive matter in the first passages, it is sure to be discharged in consequence of the slight sickness occasioned by the *Tart. Emet.* the patient being forewarned of its effect, and encouraged to drink *Carduus* or *Camomile* tea, to assist the operation. Sometimes the irritation from the *Tart. Emet.* extends to the intestinal tube, and produces a stool or two, which proves equally salutary with the other both happening just as nature herself means to give relief. In this present case, however the operation was by sweat. It must here be observed, that a warm *pediluvium* * was ordered at night, which ought to be a constant practice in fevers, and which is justly recommended by eminent physicians, as many advantages are derived from it, especially when used at the first access of heat, generally coming on towards evening.

Feb. 24, the patient complained of a pain in the side, to remedy which, twelve ounces of blood were taken away; this appeared to be in a fizy state; the fever however was not increased, and as the mixture prescribed agreed well, she continued the use of it at proper intervals. Towards

* “ Licet autem pediluvia tantum infimis & extremis corporibus admoveantur, eorum tamen virtus longe lateque se diffundit & graves in remotis etiam partibus morbos levat. “ Dum enim humore illo calido foventur pedes, nervosæ, “ tendinosæ, ac musculosæ in iis fibræ ex quibus intercurrentibus vasis coagmentati sunt, laxantur, remittuntur, “ pori & tubuli antea contracti ampliantur, & impetus sanguinis ad inferiore derivetur, &c.

Hoffm. tom. 3. sect. 11. cap. 10.
night

night the pediluvium was ordered again, and a gentle anodyne given at bed-time.

Feb. 25, After a tolerable good night, the patient was apparently better this morning, tho' the urine was still somewhat high coloured and without sediment; towards evening a febrile heat, and restlessness came on, with pain in the head and bones, and likewise in the side, the respiration was rather laborious, and the pulse fuller than it was the day before: for these reasons bleeding to the quantity of twelve ounces was repeated, and the following draughts were prescribed, enjoining the patient to keep altogether in bed, and to dilute plentifully.

R Sal. Absinth. ℥i. Succ. Limon. Aq. Menth.
pip. aa ʒß Alex. simp. ʒi. Pulv. Febr.
Specif. gr. vii. Tinct. Thebaic. gt. vi Syr.
Balsam. ʒiß. m. f. Haust. 4^{ta}. quaq. horâ
sumend. Mitt. iii.

Feb. 26, the Patient enjoyed a comfortable night, having taken all the draughts: she was desired still to keep her bed and to continue in the use of her medicines. She lay in a kind, breathing sweat, her pains ceased, her head was quite clear, and her voice came to its natural tone, the urine too began to deposit a sediment, and every symptom appeared favourable. This day she took three more draughts.

Feb. 27, Having had no stool during the three last days, and the quantity of urine secreted, not being sufficiently copious, the patient complained

N rather

rather of a fullness in the abdomen, and a slight irritation in the bladder.

R Decoct. commun. pro Clyster. ℥xii,

Ol. Olivar. ℥iii

Sal. Cathart. amar. ℥ß Tinct. Sen. ℥i

m. f. Enema h. x^{ma} matutin. injiciend. & vesperi repetatur si non prius sese dejecerit alvus.

The first glyster operating very well, the patient felt immediate relief. But towards evening complaining of lowness, some cordial volatile draughts were substituted in the room of the others, one of which at night was made anodyne with tinct. thebaic. gt. xvi. The fever now became intermittent and was very slight.

Feb. 28, Previous to the administration of the *Cortex Peruv.* the body was kept open by means of the following mixture.

R Fol. Sen. ℥iii, Tart. Solub. ℥iß Tamarind.

℥ß coq. in Aq. Font. qf. ad ℥vii Colat add.

Tinct. Sen. Syr. Rosar. Solutiv. aa ℥ß Sp.

Lavend. c. ℥iß m. f. Mixt. cujus cap. Coch.

iv pro re nata donec alvus satis fuerit soluta.

Mar. 1, She began to take the *Decoct. Cort. Peruv.* and was desired to continue in the use of it for three or four days, and she soon recovered perfect health. It may be proper just to observe, that the catamenia the first time they appeared after her illness, were deficient in quantity, for which reason the women expected that some medicines proper for that suppression should be ordered; but they were soon convinced, that what-
ever

ever contributed to recruit the patient's strength, was the only *emmenagogue* wanted.

I have ventured to particularize this case, however common and unimportant it may appear, for the sake of introducing a few observations calculated for the use of younger practitioners, whose instruction I principally aim at.

We find it necessary in the treatment of all diseases, to attend even to the minutest circumstances, that we may be able to discern what nature herself wishes to have done, and what efforts she makes for her own relief and preservation. These we are to assist by such means and medicines, whose operation corresponds the nearest to her intention. Thus in the first attack of fevers, wherein the plethora is manifest, bleeding is by the universal consent of physicians always prescribed, and must be repeated at due intervals, when symptoms require it; the free use of the lancet being justly deemed one of our greatest modern improvements. Indeed we may observe of this evacuation, that whenever it is proper, a cure is frequently effected by it, independent of any other remedy; and wherever it is absolutely necessary, no other remedy can serve as a substitute. In doubtful points when the indications and symptoms are equivocal, or when we have some reason to suspect a putrid disposition lurking in the habit, under appearances at first view inflammatory; there is a very safe method of deciding our conduct, which is this: Let a vein be opened, and one ounce of blood taken away, then stop the orifice

for a while, till the state of that blood is carefully examined; the appearance will soon determine the propriety of the operation, and point out the quantity necessary to be drawn off: if the blood is fizy, the loss of ten or twelve ounces will surely do good, but if it is not, the loss of only one ounce cannot possibly do harm; and by observing this caution * the patient will always have an opinion of your conduct and judgment.

In sickness of the stomach a vomit will always be serviceable, for it not only relieves in that intention, but often proves usefully purgative also. The same end is answered in very slight cases by the *Tart. Emet.* in the *Pulv. Febr. specif.* as before observed: but if it is proper that the intestines should be unloaded, more especially if there is any fullness or uneasy sensation in the *abdomen*, glysters † are indispensably necessary, and cannot
be

* In gouty cases I have frequently taken this method in order to obviate those objections, and remove those prejudices which prevail against bleeding, and have convinced the patient and his friends how necessary this evacuation is in several circumstances of the gout, from the fizy appearance of the blood, and from the relief obtained in consequence of the operation. In plethoric habits, when the cause itself is inflammatory, when the artery is tense and the pulse high, no reasonable man will doubt the propriety of bleeding, or be deterred from using so obvious a remedy, merely because under the name of *Gout*, custom and opinion hath in general forbid it. I have known many persons unhappily suffer by this absurd prejudice, hindering the practitioner from exercising his own reason.

† Habent hæc multum cum balneis affine atque commune. Balnea quippe lavacra sunt partium externarum, clysteres

be too strongly recommended, notwithstanding the patient and the attendants are often averse to their use, on account of some little trouble in the administration of them.

Thus by attending carefully to the first intentions of cure, which consist chiefly in making proper evacuations, half the business will be done; and in respect to mere medicine, that immense and formidable apparatus (with which heretofore the chambers of the sick were crowded) hath long been exploded by physicians, and more simple and efficacious forms brought into use: in particular the *dietetic* part of physic, hath been cultivated with more care and with more success of late, in proportion as the numerous classes of febrifuges, introduced by superstitious credulity, have been disregarded and left out of practice. But tho' I condemn all unnecessary parade, yet I must observe that there is a regard due to human weakness, which in a state of disease and distress looks for, and expects assistance from medicine; and therefore it is proper, in order to raise the spirits of the patient, and to gratify his expectation, to give him at stated hours such medicines as are applicable to his disease, for we generally find, that he hath an opinion of receiving

clysteres vero intestinorum,—ita etiam enematum operatio non solum in sanguinis & humorum circuitum, ex immutatione pulsus, sed etiam ad excretiones movendas, præter alvi subductionem, ex perspirationis & urinæ uberiori successu, luculenter patet.

Hoffm. tom. 3. sect. 2. cap. 10.

benefit

benefit from what is prescribed by the physician, and it would be cruel to deprive him of hope, which frequently supports him, even beyond our own expectations. Besides the mind is often depressed and incapable of struggling under many infirmities, unless assisted by such medicinal aids as it relies upon, and expects relief from.

But to proceed. From the success of our modern inoculators, some have recommended the use of *cold water*, as a specific in fevers; but I cannot from any experience of my own, enlarge much in favour of it, especially in fevers arising from obstructed perspiration; because I have found warm diluents answer exceeding well; and when common practice proves successful, it is not quite safe to depart from so useful a guide. Besides, I think there is a very material distinction to be made in the treatment of fevers, between those which are produced from internal causes, when nature exerts all her efforts to expel something hurtful to her, and those artificially excited, by infusing into the lymphatic system poisonous particles, which are intended to be mixed with the blood, in a certain degree only. For in these last cases it is undoubtedly right to extinguish, or rather to prevent heat by means of its grand opposite; and this is now done with success by almost every practitioner in the Kingdom. But in the other instances, in critical fevers from internal causes, nature acts upon different principles, requiring such assistance (from moderate warmth, and medicines calculated to excite perspiration)

as corresponds with her own operations: for experience hath shewn that too sudden a check given to the heat of the blood, hath likewise stopped or retarded the motion of it, to the imminent danger of the patient. Therefore the utmost caution is requisite to distinguish accurately in what species of fever or heat *cold water* can be given with safety or advantage, that we may not be induced too implicitly to follow popular doctrines, advanced perhaps by caprice, which will be exploded after a little time, by reason and experience.*

It is here necessary to mention something in regard to the administration of opiates in fevers, as in the case lately described, the reader will find that anodynes were given previous to the crisis of the fever: I have from experience manifest proofs of their beneficial effects, even in the first access of the disease, notwithstanding *Sydenham* forbids giving them till the declension. From his opinion it is rather dangerous to differ, but however I must needs declare from my own practice, that facts will sufficiently justify what is here recommended, tho' it seems contrary to so great an authority. I have observed in variety of cases, that when the pain in the bones is severe, in consequence of the nervous *papillæ* being irritated from the violent distension of the sanguiferous

* *Hoffman* hath wrote two chapters upon cold water, vid. tom. 2. part 2. cap. x. *De frigido potu vitæ & sanitati hominum, inimicissimo.* And again, tom. 3. sect. 2. cap. xi. *De aquæ frigidæ potu salutari.* In these the reader will find the whole matter fully explained.

tubes opiates are of the greatest service, proper evacuations being premised : but then we must not stop at one dose, or be deterred by some few uneasy sensations, which may possibly occur at the first taking of them. I have known that a small dose of *Tinct. Thebaic.* instead of answering any useful purpose, hath excited a kind of teasing delirium and restlessness, which hath brought the medicine into discredit, both with the patient and the prescriber : but if the dose had been repeated at proper intervals, or increased in its quantity, then the most happy success would have attended the use of it.

One observation had almost escaped me, which I beg leave (however abruptly) to mention in this place. Much hath been said concerning the effects of the mind upon human diseases : it appears to me that the mind, instead of assisting us under bodily afflictions, rather increases them. Men, who in a state of health are capable of forming and conducting the greatest and boldest enterprises, become children under a disease ; and those who have braved death with the most signal intrepidity in the field, shrink with horror at the least apprehension of its approach to them in the bed. This circumstance exhibits a melancholly proof of the insufficiency and futility of any excellence that can be possessed by MAN, since we find that courage, a quality eminently useful, and universally admired, cannot exempt us from those alarms, fears, and feelings, inseparable from our nature, when the body is attacked by disease,
or

or when it declines by age. What then shall we say to a passage in Dr. Mead's works, wherein he seems to speak of the power of the mind as predominant, not only over the vital motions of the body, but likewise as an assistant against its diseases? "But this power of the mind (saith he) "is most remarkably perceptible in those fevers, "which are called pestilential. For in these one "may observe, that the mind hurries to the assistance of the labouring frame, fights against the enemy, and, with the aid of the animal spirits, excites new motions in the body, (though we may be insensible of it) in order to expel the poison which is blended with the humours, through every outlet. And hence very great physicians have defined a disease to be a struggle of NATURE,* in defence of the health of the individual."† But is not this observation contradicted by facts? instead of *hurrying to the assistance of the labouring frame*, do we not in general see that the mind is too much disturbed and depressed when the body suffers, to be capable of fighting against the enemy? nay it is often the very cause of diseases, or at least by raising fears and perplexities, keeps us longer under them, than otherwise we should be. In fine, we may observe, that those people whose mental faculties are the strongest, or whose minds are too sensible, and too much engaged in thinking on

* Nature I allow will struggle, but I think in this case the term is not synonymous with the MIND.

† Mead's works, quart. Edit. p. 457.

the diseases which oppress the body, receive no sort of benefit by this means, but generally distress themselves more, and sometimes become the unhappy instruments of their own dissolution.*

I shall now conclude this article, which the reader will perceive is not adequate to a full description of the method of cure in simple fevers: but however defective and irregular it appears, some useful inferences may probably be drawn from it. As to the various exacerbations in fevers, terminating in dangerous and fatal symptoms, when the encephalon or the membranes of the brain are affected, together with the long train of consequences thence to be deduced, these subjects would lead us into a field too extensive for the limits of this work, or the abilities of the author.

* I beg leave to observe in respect to the intimate connexion between the body and the mind, and the various diseases of each, that, whatever accelerates the motion of the blood constitutes a *Fever* in its first principles; and whatever passion affects or agitates the mind too much, borders upon *insanity*. Such is the necessity of preserving a due medium both in the circulation, and in the operations of the encephalon, that without this equipoise health or reason cannot be said to subsist.

Fatal

Fatal Effects from a Schirrosity of the Prostate Gland, and the Bladder.*

AMONGST the many examples of human misery, none have appeared to me more shocking than the case of the unhappy object whose history I am now going to relate. This patient did not come under my care till the disease was very far advanced: When first I saw him he was about sixteen years of age, and had long laboured under a suppression of urine, attended with the most violent and continual pain and irritation at the neck of the bladder. The small quantity of Urine which was voided, appeared almost always to be mixed with matter: the penis (especially the glans) was inflamed and swelled, in consequence of the patient perpetually handling and rubbing it; two or three fistulous orifices were formed in perinæo; and every symptom plainly indicated that the urinary passage and all its appendages were schirrous, contracted, and in some places ulcerated. The cries of this miserable wretch, who was almost perpetually straining his body and varying his position, disturbed all who were in the same house or ward with him, for he seldom enjoyed any intervals of ease. At first it was suspected that there might be a stone in the bladder, and consequently the *sound* was passed at

* I speak of this glandular substance in the singular number, as it surrounds the neck of the bladder and acts uniformly, though anatomists divide it into two glands, and say the prostates.

different times with much difficulty, but no stone was discovered. Every method that could possibly be thought of was tried for his relief, but none succeeded. *Bougies* now and then were serviceable, but frequently occasioned such increase of pain and irritation, that the patient would not suffer them to be introduced. He was put under the care of one of the most eminent Hospital-Surgeons in England, who did all that man could do in the case, but without effect, and he was discharged as incurable. It would be tedious to give an exact recital of the sufferings of this unfortunate youth, during the space of seven or eight years, the symptoms night and day scarce ever remitting or varying; even when he could procure some little respite and sleep, by taking opium largely (his last resource) he quickly waked with horror, to undergo fresh agonies. At length in the year 1765, death, which he had so long and earnestly wished for, put a period to his misery.

Upon opening the body, I was first struck with the appearance of the *ureters*, which, had not their situation been obvious, might have been easily mistaken for some portion of the intestines; so nearly did they resemble them in their size and tortuous shape. It is difficult to conceive an idea how much they were distended, and I lamented the want of some skilful artist, who might have exactly delineated a view of all the parts as they appeared. These tubes contained a very large quantity of foetid water, mixed with matter; and indeed they had been for a long time the only reservoir

fervoir for the urine : the internal surfaces of them were ulcerated in various places. The kidneys were much diseased, and the tubuli urinarii amazingly large, owing to the secreted urine being long retained in them, because of the strong resistance and narrow cavity of the bladder. The *pelves* in both kidneys were filled with large stones, shaped exactly to their cavity ; these stones were probably formed, not so much from any original defect in the secreting organs, or any particular tendency in the secreted urine, as from the long retention of that fluid, which consequently would become more liable thus stagnating to concrete and form into *calculi*. In every cavity containing these small stones, matter likewise was found.

The bladder was schirrous, contracted, inflamed, and in several parts of it suppurated ; these appearances exceeded any degree of disease, that I ever met with in this organ. It must have been undoubtedly for a long time incapable of receiving urine, owing to the inflammation on its internal surface, which rendered it so exceedingly irritable as not to endure the urine however slowly oozing from the ureters : consequently in such a state no operation could have been of the least service. And again, as the disease from the bladder, by consent and contiguity of parts, gradually affected the urethra also, it is doubtful to me whether *Bougies* could possibly remedy an obstruction, arising from causes so dangerous, and so remote from their immediate action. It may perhaps appear singular, and even absurd to call
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in question the efficacy of *Bougies*, in obstructions of the urinary passages; but I must confess that I am far from being sanguine in favour of those remedies, especially in cases wherein the *prostate and bladder* are diseased; nay, I am suspicious that they are improper, and even dangerous, because they certainly irritate too much, and frequently bring on those very disorders which they are designed to remove. I know very well how prevalent the ideas are, of forcing thro' obstructions, levelling inequalities and excrescencies, and enlarging the narrow canal of the urethra to its proper diameter, by means of medicated candles, nicely prepared and judiciously adapted in different sizes, to different circumstances and degrees of obstruction. *Daran* hath acquired much reputation in this branch of practice, and undoubtedly possesses great skill, from his long experience in those cases wherein *bougies* are used, and likewise an eminent dexterity in the application of them; and in consequence of these advantages he must in many respects have proved successful. But in some instances, great injury must unavoidably be done to the tender passage of the urethra, and to the bladder itself, by forcibly introducing *bougies*, because the irritation and pain thence produced will certainly throw the bladder into spasms, than which nothing can be more pernicious. Every thing which excites a *stimulus* occasions likewise a contraction, which being too often repeated, will in time greatly affect the texture of this organ: even in the natural course of the secretion of urine,

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the same pernicious effects may happen from abuse and debauches in drinking; how much more mischief then must the bladder and the urethra sustain by a foreign substance, introduced *contra naturam*? Will any man say there is any *specific* virtue in the composition of the *Bongie*? I suppose there is none. Will any man deny that there must be a very considerable irritation produced, in consequence of using the *bougie*? experience tells us that *bougies* always irritate. So that it appears to me upon the whole, that the supposed advantages arising from the use of *bougies*, are scarcely equivalent to the inconveniences brought on by them; and that schirrous bladders and urethra's are more frequently *occasioned* than *cured*, by these celebrated remedies.

Some have recommended them in cases of swelled testicles, and upon this principle: they suppose that by exciting irritation and inflammation in the urethra, a discharge from the glands in that canal may be brought on; to the suppression of which discharge in Gonorrhea's, they attribute the *Hernia Humoralis*, as it is called. I have used *bougies* with this intention formerly, but without any success: and indeed I have no idea of curing a disease occasioned by a translation of matter into one organ, by exciting a disease in another. The symptoms in each case are distinct: When the urethra is inflamed, bleeding, opening medicines, and cooling diluents are proper; when the testicle is affected, suspension, rest, bleeding likewise, and emollient applications are necessary, so that
each

each disease should be treated independant of any supposed relation between them. We must not inflame the urethra, to lessen the swelled testicle, nor must we repel too suddenly the humour discharged, either into the testicle or inguinal glands, with a view of relieving the urethra.

But let us return from this digression, and proceed to explain the other appearances, in the case now under consideration. The *prostate gland* was greatly enlarged and schirrous, the *Caput Gallinæ* remarkably so, and the *vesiculæ seminales* scarcely distinguishable;* the canal of the urethra all along was indurated and contracted, and near the *prostate gland* totally impervious: there were several fistulous orifices in perinæo, surrounded with much callous substance, thro' which the urine had been forced by the violent contraction of the bladder, winding its way very irregularly in the cellular membrane, and at length bursting thro' the external skin.

This was a state of the diseased parts (for all the other viscera; both in the *Thorax* and *Abdomen* were entirely sound) sufficiently demonstrating the nature of the patient's malady and sufferings. As to the primary cause, it proceeded from a superfluous humour, inherent in his constitution, as in the rest of his family: at least this is the most probable supposition, because he was too young to acquire any venereal infection, at the time his

* This sufficiently explains the reason why a diseased *prostate*, in consequence of frequent or ill treated claps, must injure the generative faculty.

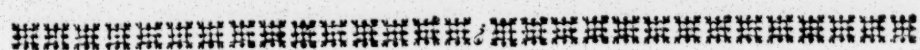
disorder first appeared. We well know how terribly the glandular system is infested by the *scrophula*, and the *prostate* is as liable perhaps to it, or any other gland; tho' a strumous enlargement of this particular gland is attended with more dangerous consequences, on account of its situation, commanding the neck of the bladder; and more especially, the effects of disease here become troublesome in male subjects, because their urinary passages are narrower, more liable to be obstructed, and exposed to many inconveniences, from which the softer sex is exempted, by having a shorter and wider *urethra*.

I must here observe, tho' with much concern, that there are many instances occurring in practice, which prove the inefficacy of *Bougies*, and of the *Catheter* in diseases of the *Prostate Gland*, and in suppressions of urine. A fatal case of this nature happened not long since, in which all possible means were made use of, before it came to an extremity: the cause of the patient's malady was owing to venereal infection, which by repeated claps had rendered the *prostate gland* and the bladder itself schirrous. I am afraid that these organs, in consequence of some abuses will now and then acquire such a degree of callosity, (which affects the *urethra* also) that there can be no possibility of remedying. In the case I am now relating, the unhappy sufferer was frequently subject to suppression of urine; in some paroxysms of which, the *bougie* and the *catheter* afforded relief, but in the last it was impracticable to intro-

duce either ; the parts became mortified, and the patient of course died, after he had endured the most terrible agonies. I saw a letter from an eminent practitioner, whose veracity I can depend upon, tho' I have no right to use his name, in which he mentions the case of a man, perishing by the unskillfulness of his surgeon, who, in attempting to introduce the *catheter*, exerted such violence that the instrument actually penetrated into the *rectum*. Hence we may give a caution against the hasty use of instruments, which are often recommended upon erroneous principles, and which, in some circumstances of inflammation, and disease in the *prostate* and *bladder*, cannot possibly answer any good purpose.

I should conclude this article with more satisfaction after thus describing the nature and the cause of a disease in the *prostate*, if I was able likewise to say more in respect to the *modus medendi*. The examination of dead bodies proves defective in its use, unless by investigating the causes of diseases in them, some method of cure could be pointed out, applicable to similar exigencies in other subjects. In the particular dissection which I now have been treating upon, I own myself at a loss how to make any useful inference : it affords only a melancholy proof of the inability of human skill to remedy these infirmities. Supposing the state of the parts had been known accurately, and even early in the case, could any medicine have been used with success ? Would any rule of diet have availed ? Would mercurial
unction ?

unction? Would the bougie? these and many other queries which might be started upon this occasion, I must leave to the discussion of more able practitioners, and should be glad to know their sentiments upon the subject.



An unsuccessful Amputation.

IT hath been observed that the history of physic would receive great advantages from a true relation of our ill success, and our mistakes in practice; for which reason I shall without hesitation or reserve describe the following case:

On *May 20, 1766, B. D.* a man aged about 34, falling from a Coach-box, his leg was caught between the spokes of a wheel then in rapid motion; by which accident the foot was twisted half round, the lower end of the *tibia* fractured and dislocated from the *astragalus*, the fibula likewise broke nearly at a parallel place, the tendons being much lacerated, the extremities of the bones pushed thro' the skin, with a considerable hæmorrhage issuing from the divided blood vessels. Under these circumstances I found the patient, and after considering the whole of the case with the utmost attention, I judged it absolutely expedient to amputate the leg. The patient was extremely low, and it was with great difficulty that we persuaded him to submit to those measures which his unhappy situation rendered necessary. In this state of mind I knew

the chances of success were against him, and therefore I took care to have a proper assistant and consultation, and to deliver to his friends a doubtful prognostic. The operation was not attended with any particular circumstances in itself: great care was taken to draw up the muscles, and to saw off the bones as high as possible, this being the best method to make a good stump: but the patient from his irritable habit complained excessively of pain, therefore proper doses of opiates were ordered, some blood was taken from the arm, a glyster next day injected, and all possible means used to keep him quiet and easy. The wound was dressed the fourth day, very carefully avoiding force in removing the dressings, and lint dipped in warm oil was applied over the whole surface, a fomentation used and the stump afterwards rolled up very gently. Two circumstances occurred in a few days, both of them unfavourable; the one, an uncommon protrusion of the fleshy fibres of the muscles, and rather of a cancerous appearance; the other, a thin, ichorous and foetid discharge. Add to these a continual lancinating pain and shooting as it were, which deprived the patient of rest, and at length (as we shall find by and by) of reason.

In respect to the physical treatment of this case it consisted chiefly in duly observing the diet and regimen, the necessary evacuations, and in giving the *Cort. Peruv.* as soon as possible, hoping by that means to correct the accrimonious discharge; anodynes likewise were administered in proportion as the pain was violent, tho' perhaps not so freely

as future experience would now justify. But by no exhortations or arguments could we quell that uncommon perturbation of mind under which he perpetually laboured : and besides we had another difficulty to struggle against, which arose from a disorder in his stomach and the œsophagus, inso-much that he was scarcely able to swallow, or to keep any thing upon his stomach. These symptoms (whether spasmodic or not) were very alarming, as they plainly shewed the habit of the body to be exceeding bad, from which cause the discharge in the wound became ill-conditioned, and the absorption in all probability excited those complaints in the capital organs just now mentioned. Mean time, the dressings and applications were of the mildest kind to avoid irritation ; but all our endeavours proved ineffectual, his pain became insupportable, and his mind quite desperate, inso-much that he made two attempts to destroy himself ; in the last of which he had almost succeeded by means of a garter which he concealed, and with which he was found nearly strangled, and it was with difficulty that he was brought to himself. The symptoms still became worse, and the patient died on the sixteenth day after the operation.

Upon considering with the utmost attention all the circumstances which occurred in this case, I am inclined to think that a *cancerous* habit was the cause that rendered it unfortunate : probably this disposition might lie dormant for a long time, and yet manifest itself upon this accidental occasion, the humour then being roused, and immediate flying to the wound. The constant lancinating pain seems to corroborate such an opinion : and in re-
spect

spect to the unhappy state of his mind, I account for it from the same cause, having observed that cancerous diseases and insanity are more nearly related than hath commonly been taken notice of. The *encephalon* no doubt is affected by that incorrigible acrimony which attends all cancers, and as a proof of this we may see that people labouring under so dreadful an infirmity are generally subject to *fits* of the worst and most stubborn nature, in consequence of which the operations of the mind become disturbed and irregular, and the disposition saturnine, melancholly and inactive. These diseases are sometimes hereditary, and will descend to posterity, breaking out at different times, appearing in various shapes, uniting with others in a manner scarcely to be traced out, and operating in an infinity of modes and circumstances impossible to be fully explained.

But granting that this conjecture may account for the cause of this patient's misfortune, I have since been revolving in my mind whether anything was omitted in the case which might have been of real service; and I frankly own, that if a case anywise similar should again occur to me, I would use *opium* more liberally than I did in this. Pain in such an extreme ought to be subdued at all events, and therefore I recommend (and I will for the future give) the largest doses till the desired end is obtained; taking care however to counteract any bad effects that may arise from them by proper dilution and glysters.

In the space of three years four accidents happened, producing almost similar effects, by forcing
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ing the *tibia* off from the *astragalus* ; tho' varying in some other circumstances, in respect to the different degree of laceration. All of them however required amputation, and in three the operation was performed ; one was the case just now related, the two others did well : the fourth was an old man, who obstinately refused to lose his leg, and lay for a long time in a miserable condition, suffering all the pain and ill effects, which must unavoidably happen in a fracture of the joint, and dying at last of a mortification in the wounded part. I deemed it unlucky to have all those cases fall under my care, because very little reputation is gained by performing amputations, especially in recent fractures, when it is most eligible and most expected to save the limb. However, as these exigencies will now and then happen, the man who is conscious that he acts upon right principles ought to be incapable of fear, and above minding the censure of the undistinguishing, the ignorant, and malevolent part of the world.

I shall conclude this article with observing, that in all fractures and injuries, which in their consequences, from the nature and structure of the parts in question, may prove dangerous ; the greatest judgment and sagacity, and the most cautious deliberation are requisite to determine when amputation is absolutely necessary. To decide this point in cases of sudden accidents is sometimes difficult : and in chronical disorders affecting the joints in cancerous or scrophulous habits, though amputation may seemingly be the means of reducing the affair to simpler principles, yet we must consider

consider whether the constitutional malady, cut off as it were in some extremity of the body, may not return with more fatal violence in other nobler parts. And again, it is to be observed, that in consequence of amputation being performed upon sudden occasions in a full and perhaps a distempered habit, the constitution of the patient must undergo a very considerable change; for the force of the heart remaining the same, and the quantity of chyle and of blood generated equal to what it was before the accident, and a great portion of the arterial system cut off which used to receive it, what must become of the superfluous blood? I should apprehend some ill effects from the check given to the circulation; but in what organs, or in what forms of disease they may appear I cannot pretend to determine, therefore I shall leave this as a matter of speculation to be discussed amongst those who are fond of physiological enquiries.

XX

Medical Problems or Questions.

AN anonymous correspondent justly observing that medical problems would tend to the advancement of medical knowledge, proposes the following to the consideration of the gentlemen of the faculty; and as it is much easier to ask questions than to solve them, I have here stated his queries that they may be answered by such readers of this miscellany who chuse to attend to them.

1. How

I. How to distinguish the *Gout* from the *Rheumatism* when it affects both the external and internal parts ?

In answer to this question we shall translate a passage or two out of *Hoffman*. “ The antient
 “ physicians (saith he) comprehended all kinds of
 “ pain infesting either the external muscular parts
 “ or the articulations of the joints under the
 “ name of arthritis or *gout*, the word rheumatism
 “ not being then known. In the last age the
 “ most eminent physicians of *France*, viz. *Piso*,
 “ *Riverius*, *Ballonius*, *Chesneau*, distinguished such
 “ pains as affect the middle part of the limbs,
 “ the muscles of the neck, arms, scapula, thighs,
 “ hands, by the appellation of *rheumatic* : calling
 “ those pains *gouty* which have their seat in the
 “ joints and their articulations..” Again our
 author remarks, “ That in the *rheumatism* the
 “ muscles with their membranes, and the tendons
 “ at the places of their insertion to the bones are
 “ afflicted with great pain ; but in the *gout*, the
 “ ligaments and tendinous nervous parts at the
 “ joints suffer still severer pain, insomuch that in
 “ an inveterate gout the disease becomes deeper
 “ seated, occupying the very cavities of the joints.
 “ The degree of pain therefore is different, for in
 “ the *rheumatism* it is more tense and heavy, joined
 “ with a sense of cold without any remarkable tu-
 “ mour or redness ; but in the *gout*, it is lancinat-
 “ ing, distending, pungent, just as if the parts
 “ were tearing asunder, attended with great swell-
 “ ing and redness.*” From this description of

* *Hoffm.* tom. iv. sect. 2. cap. viii.

*Hoffman** we may gather, that the gout and rheumatism are nearly allied : but the most material point to be considered is, how far an accurate distinction made between these two diseases will tend to inform our practice in the *modus medendi* ? Will those evacuations and remedies supposed proper in one case do harm in the other ? I am afraid that no general rule can be laid down, because a great variety of symptoms may occur in different constitutions, requiring even opposite methods of treatment, to be decided only by the judgment and sagacity of the physician in each particular exigence.

2. *Hippocrates* says, black vomitings are always fatal ; the querist hath known two men die within forty-eight Hours after the appearance of these symptoms : — from what causes then do they arise ?

3. Whether the general use of bleeding in all fainting fits, even when there is little or no pulse, is right ? if so, how does this evacuation succeed, as evacuation is commonly supposed to weaken ?

This is a question of great importance, the most experienced practitioners having been sometimes doubtful concerning the propriety of bleeding upon such occasions : for in some cases where-

* It may be observ'd how frequently we make use of *Hoffman's* authority in the course of this work. Indeed there is no one author from whom so much knowledge may be acquired as from him. The esteem in which his works are held in *Germany* is great and universal. Perhaps some may think, that the medicines he recommends are not sufficiently powerful on some occasions, tho' his definitions of diseases and symptoms are excellent.

in that evacuation has been proved absolutely necessary, yet no indications in favour of it could upon first examination be taken from the pulse. It is very difficult to determine in what manner the *encephalon* is affected by the circulation, and *vice versa* in what manner the arterial system is impeded in its operation, by the passions of the mind, or by nervous symptoms, from whatever cause arising. Even in apoplexies an indiscriminate use of the lancet hath been extremely prejudicial, as likewise in epilepsies and paralytic diseases; for many of these require medicines that instantly irritate, volatiles, external frictions, and acrid applications to rouse the vital powers, and restore to action those important organs whose offices have become suddenly suspended. By what criterion therefore can we judge, or what certain rule can we lay down, in regard to the propriety of bleeding in fainting fits, or in disorders of the *encephalon*, or in a sudden deprivation of the senses? These are queries which we beg leave to submit to the consideration of more able and experienced physicians.

XX

*Good effects of the Cicuta, in a diseased
Eye-lid,*

G. P. upwards of eight years of age, very healthy from his infancy, was seized in December last with a complaint in his eyes: both of

Q 2

them

them swelled prodigiously, were very painful, and discharged a great quantity of hot water. The parents of the boy fomented his eyes at first with a decoction of emollient herbs, and applied some *Cerat. Epulot.* with a poultice of bread and milk over the whole. This they continued for the space of one week, during which time he was purged with *pil. ex colocynth. simp.* However no sensible amendment was perceived, but on the contrary the upper lid of the right eye became inverted, and swelled in such a manner, as totally obstructed the sight of that eye. This swelling appeared more like a fleshy excrescence bulging out of the eye, than what it really was a great enlargement of the inner eye-lid inverted.

The surgeon consulted in this case ordered first a strong fomentation of *Hemlock*, together with a poultice of the bruised herb mixed with bread and milk. At the same time the patient took *Pulv. Basilic.* in proper doses and intervals of time. The swelled Part was scarified, which operation gave great relief; the discharge from a hot watry humour, became of a better consistence, resembling mild *pus*. Still the swelling and obstruction of sight remained the same, and therefore the *Cicuta* was given internally, in the following form mixed with Calomel. and *Pulv. Jalap.*

R Extr. Cicutæ.

Calomel. pp.

Pulv. Jalap. aa. gr. vi, m. f. Pil. vi, capiat
unam omni nocte h. f.

He

He continued taking these pills for a week, and then the quantity of *Cicuta* was increased to gr. iß. and afterwards to *two grains* : with the use of these pills and the poultices, the eye became much better, and at the end of two months the inner portion of the eye-lid (at first so horrid a spectacle) bulged out no more, and the patient recovered his sight and the free motion of the eye-lid likewise.

Perhaps some objection may be made to admitting this case as a clear example in favour of the *Cicuta*, because other medicines were joined with it : but if we reflect that little or no benefit was obtained till the *Cicuta* was used both internally as well as externally, there will scarce remain any room to doubt its efficacy in this, and perhaps in similar cases. I have purposely selected some other patients in order to give the *Cicuta* a fair trial : for altho' Dr. *Stork's* book appears very extraordinary, and his assertions very extravagant, yet it certainly will be entitled to praise, if the least good results from it ; and the *Cicuta* will be a very useful addition to the articles in the materia medica if it proves capable of abating in any degree either cancerous or scrophulous acrimony.

XX

A fatal flooding Case, and an Adhesion of the Placenta.

S. F. a woman of twenty-three years of age being in labour of her first child, sent for the midwife on *April 28*, about four o'clock, and was delivered

delivered at ten the same night. The *funis* being twisted several times about the child, was broke off in the delivery close to the *Placenta*; the woman flooded very much, and the midwife sent for more assistance, but all endeavours used to extract the *Placenta* proved ineffectual: the patient died about twelve o'clock the next day, and in proper time the body was opened.

The *uterus* being laid open, the *Placenta* was found so strongly adhering to the *fundus*, that the operator could not possibly separate it: a manifest proof in favour of that opinion heretofore advanced of the impropriety of using violence in delivering the *Placenta*. And in order to demonstrate the impossibility of extracting in this case, and to remove the prejudices too much prevailing, the parts in question were shewn to the attendants, and the nature of the adhesion distinctly explained. During the pregnancy of this woman she was free from complaints, excepting a pain in the side, for which she was now and then obliged to lose blood.

XX

COMMENTARIES ON NEW MEDICAL BOOKS.

WE shall now finish the account of the medical productions in 1767, in as concise a manner as possible, still omitting for the present the books wrote upon *Inoculation*, which we propose to review hereafter in a separate article, reserved for that subject. In regard to the performances

ances in 1768, they will require more particular notice, as the title of this Miscellany expresses the intention of the author to give an account of the *present* state of medical literature. I shall mention the books in the same order they were read.

Medical Essays and Observations, by Charles Bisset, M. D.

Dr. Bisset's Essays contain many useful practical remarks, extremely well calculated for those who reside in the *West-Indies*. In the ninth article, which he calls, *A Physiological Inquiry, relative to Perspiration, and the speedy Admission of topical Medicines to deep seated local affections*; our author observes towards the conclusion of it, that the discovery of the valved lymphatics is by no means new; and then quotes almost the same passages from *Hoffman* as have been cited in this Miscellany.* Thus we see that different persons may use the same expressions without being guilty of plagiarism, for that article of the Medical Miscellany was wrote before the author had seen the passage in Dr. Bisset. It would take up too much room to give quotations out of this author, whose ability and diligence in his profession are unquestionable, and therefore I shall content myself with recommending his book in general to the perusal of gentlemanly the faculty.

Practical Directions, &c. by Dr. Harvie.

Dr. Harvie (whose merit in teaching Midwifery hath greatly recommended him) gives in this work

* Vid. *Med. Misc.* pag. 79, and 80.

of his the same opinion relative to extracting the *Placenta*, as hath already been advanced in this Miscellany. And he likewise here teaches a method of preserving the *perinæum* in labour, nearly the same to that which he so frequently hath recommended in his lectures: but in this as well as many other circumstances in practice, every man's reason must suggest to him those methods which in variety of situations and exigencies it is impossible to describe in books, especially in such cases where manual operations are to be performed.

London Medical Enquiries and Observations. Vol. 3.

In regard to the London Medical Essays so long expected by the world these having the sanction and being published by the order of a very learned and respectable body of men, must consequently contain many valuable articles; and indeed there is a respect due to a society which few individuals can claim. Those readers who have profited by the preceding volumes will not find their expectations disappointed in this. I shall beg leave to make a few remarks on some of the articles in this useful collection.

The ingenious Mr. *Bayford*, after describing the appearances of two aneurysmal tumours * in a

* These humours differed in size and situation; the least was an enlargement of the common trunk of the right subclavian and carotid arteries, the larger was an aneurysmal sac formed in consequence of a distension of the *Aorta Descendens*, by which means the 11th and 12th vertebræ of the back were eroded, together with some portion of the intervertebral substance.

patient

patient, whose body he examined, which appearances are more clearly expressed on copper-plates well engraved, proceeds thus, “ The causes
“ of aneurysms which are not evidently derived
“ from external injuries, are so very obscure, that
“ I shall readily stand excused, I believe, for not
“ hazarding any reasoning upon the subject; but
“ that I may not appear to have given the history
“ of a useless dissection, I shall venture to make
“ a few observations, which naturally arise from
“ the case.

“ It is some satisfaction to be enabled to ac-
“ count for morbid symptoms, though the dis-
“ eases which give rise to them, may be in their
“ own nature incurable; for, where we cannot
“ relieve, we shall at least be prevented from do-
“ ing harm. In the present case, every symptom
“ which afflicted this poor man was fully explain-
“ ed by the examination of the body after death.
“ The pulsation of the part is understood from
“ the nature of the disease; the laborious and
“ painful respiration, was undoubtedly owing to
“ the connexion of the aneurysmal tumour with
“ the *diaphragm*, as was the dropsy probably to
“ the obstruction of the reflux blood in the *vena*
“ *cava inferior*, and the severe pains in the back
“ to the erosion of those parts. Now, though the
“ aneurysm which produced this variety of dread-
“ ful symptoms, was in itself incurable, yet the
“ cause being understood, all those remedies which
“ might have been exceedingly proper in an

R

asthma

“ *asthma* or *dropfy* alone, would have been here
 “ either ufelefs or hurtful.”

Again Mr. *Bayford* fenfibly obferves, “ I think one may venture to pronounce, that there is no certain criterion for diftinguifhing the exiftence of an internal aneurysm, before it has made its way to the furface of the body. It may, ’tis true, produce a variety of fymptoms, by its preffure upon the neighbouring *viscera*; but will not the fame fymptoms follow from any other tumour, fimilar in fize and fituation? It is certain, that the mere pulfation of a part muft ever be deemed equivocal, as that fo often happens without any manifefit difeafe in the arterial fyftem.*”

We come next to fome cafes of *emphyfema*; and here it is incumbent upon us to premife, that the firft accurate cafe of this nature was related by Dr. *Hunter*, in the firft vol. of the London Medical Enquiries, from the defcription of which, as a mafterly performance, he hath gained great honour.—All thefe fubfequent cafes are recorded, and depend upon the fame principles; and therefore, tho’ they have great merit in themfelves, we fhall not enlarge upon them. At the 12th article I beg leave to ftop, that I may ask Mr. *Burchall* in the moft respectful manner, whether or not he hath obferved any future ill confequences, in regard to the health of the patient, whofe thigh he fo fuccefsfully preferved, by performing the opera-

* An example or two confirming the truth of thefe remarks, will be given in our next Number, with full illuftrations.

tion for an aneurysm in the crural artery? In the 14th article we have an astonishing account of a diseased eye, communicated by Mr. *Hayes* surgeon, in which case no less than *seventy grains* of *Extract. Cicut.* were given in a day, and repeated for three or four days: this case proved fatal, notwithstanding the most able physicians and surgeons in England were consulted. In the 15th article Dr. *Dickson* communicates some cases, which plead in favour of the application of *Vesicatories*, to the region of the *os sacrum*, in incontinence of urine; and at the same time the inefficacy of the *Uva ursi* is mentioned. In the 22d article we have a relation of some experiments made with the decoction of the root of the *Mezereon*, in cases of venereal nodes, by Dr. *Alexander Russell*. I rejoice at the least prospect of hope, to find any *simple* medicine possess the power of dispersing so obstinate a complaint as the venereal node. In the 34th article we meet with some melancholy cases of the bite of a mad dog, related by Dr. *Dickson*, in which we find that all methods, tho' judiciously administered, were unsuccessful: none of the three patients who were bit by this same mad dog, went to the salt water: and therefore I am desir'd to take this opportunity of asking, what method it is most adviseable to pursue in these dreadful exigencies? What would a physician himself do on such an occasion? Would he depend upon mercurial unction, upon the *tonquin* medicine, or upon dipping? the question is interesting, and I hope some gentleman of the faculty

will be so obliging as to give his sentiments more fully and explicitly upon it.

After these few observations on some articles in this medical collection, it behoves me to say, that the whole performance merits the highest praise, and will it is to be hoped, always meet with equal encouragement.

A Review of the Venereal Disease and its Remedies,
by William Fordyce, Surgeon.

In the next place we are to mention Mr. Fordyce's review of the venereal disease. To do this performance ample justice, would require more pages than the limits of this work will allow: I may safely aver, that those who are most conversant and capable in this branch of practice, will have most reason to esteem this work, of which here follows a concise analysis: Our author in his introduction gives some sensible cautions against relying too much upon great authors: *Sydenham* is censured for using drastic purges; *Boerhave's* opinions are disputed, particularly when he says that mercurial medicines are not necessary, in the first species of a Gonorrhea: Inguinal glands will become diseased in the second stage, in spite of purging; in the third stage, *Cowper's* glands are affected, and the venemous matter flows off with the discharge; but *Boerhaave* is deficient in not specifying when mercurials are to be used: In the fifth species his method is too severe, moderate use of *Ung. Mercur. Cort. Peruv.* Milk diet and softening decoctions are recommended. The opinion

nion of *Boerhaave*, that a confirmed pox is lodged in the fat, which he says ought to be entirely melted down to obtain a cure, is false in practice; for the natural balsam of the blood must first be restored, the disease only hid for a time by his lowering plan breaks out afresh upon change to a plentiful diet. *Astruc's* notion of a Gonorrhea never terminating in a pox, if a free discharge is promoted, erroneous: *Corrosive sublimate* is proved often ineffectual and pernicious, and is too much trusted by empirics. Gonorrhea accurately described, when virulent, not speedily cured: free running not a preservative from infection, but sometimes the very cause * of it, unless prevented by a seasonable interposition of mercury, mercurial inunction the grand specific,—severe purging utterly wrong, it irritates the bladder and urethra by stimulating the *rectum* too often,—strict attention to regimen necessary,—gentle purging proper, if that does not succeed, then use the mercurial inunction,†—caution against excessive dilution,—nitre and diuretics improper,—repeated bleedings necessary,—the scrotum should always be kept up,—in the swelled testicle mercurial inunction to its full extent, *sassa* & *bardana* drinks and *cicuta* poultices,—Gleets often ill treated, astringents improper, *Daran's* method and dexterity praised,—repelling buboes wrong practice,—mercurial unction or application to chancres and

* I suppose from absorption.

† But with our author's leave I must needs observe, that *Calomel* is very often necessary, and in severe pain or chordee, *Opium*.

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* I suppose from absorption.

† But with our author's leave I must needs observe, that *Calomel* is very often necessary, and in severe pain or chordee, *Opium*.

other

other venereal sores and tumours, before the general habit is thoroughly rectified by a proper course, absolutely condemned.—In scorbutic and scrophulous habits, antiscorbutics, corroborants, open air, will mend the sores,—in scrophulous diseases combined with venereal mercury does harm,—cancerous buboes curable by hemlock,—this and other *aconite* medicines highly recommended,—in chancres mercurial application insufficient for a cure,—inunction is requisite,—the disease repelled by mercurial dressings frequently returns with aggravated symptoms. Does mercurial unktion always effect a cure?—always in healthy bodies, but in constitutions vitiated, and in complicated cases due regard must be had to correcting the impure juices, to restoring the blood to a balsamic state, and to disentangle the infection from the habit,—sarsa highly recommended,—the venereal disease always progressive,—never abates of itself,—must be disengaged from other infections, and then mercury will succeed,—in scorbutic and scrophulous habits, *Cort. Peruv.* and *Cicuta* must pave the way for a cure,—injection condemned,—neither a cure nor a preventive,—prophylactics,—the best is hydrargyrum dissolved in animal or well-boiled vegetable oil, and rubbed upon the *penis ante coitum*,*—of mercurial preparation,—its ores condemned,—the best unguent is made with *arg. viv.* & *axung porcin.* aa. p. æ.—inunction to be performed on the thighs,

* I look upon all attempts to invent a preservative against venereal infection as ridiculous and vain; the poison is too sudden in its operation, and too subtle to be guarded against.

and

and groin, wearing flannel drawers in winter and linen ones in summer.

This is the substance of Mr. *Fordyce's* doctrine concerning the venereal disease, established no doubt upon sound and rational principles, and confirmed by experience.

An Historical Account of a New Method of curing the Scurvy at Sea, by D. Macbride, M. D.

This gentleman recommends the use of *Wort* in that destructive malady the Sea-scurvy, and produces several cases to prove the efficacy of this remedy: certainly all attempts to preserve the Lives and health of that brave race of men the sailors, will always meet with applause and encouragement. Some of the experiments here mentioned are not so conclusive as might be wished, owing to the want of *Malt*, from which deficiency the result of them remains still dubious and undecided.

Elements of the Practice of Physic by G. Fordyce, M. D.

To give a complete and rational system of physic in all its various branches seems to be a task exceeding the abilities of any one *Man*.—To judge of the merit of so arduous an attempt, is beyond the skill of any one *Critic*.

Essays Medical and Experimental, by T. Percival, M. D.

Dr. *Percival* is an elegant and entertaining writer. In his two first essays, entitled the Empi-
ric

ric and Dogmatic, if the reader does not discover any great practical merit, yet certainly he will allow them to be good *School Exercises*: In the other three essays, viz. iii. Experiments and Observations on Astringents and Bitters,—iv. On the Uses and Operation of Blisters,—v. On the Resemblance between Chyle and Milk, we find many useful remarks worthy the attention of the medical reader, and proving the author to be a skillful physician.

The Gout by R. Ingram, Surgeon.

There are in the news papers many quack advertisements, imposing on the credulity, and disgracing the legislature and sense of this nation: but we are sorry to see *Books* prostituted for the same purpose.

A Treatise on Diet, &c. by F. de Velangin, M. D.

This author mentions in one of his cases, that he recommended riding upon an ass round Moorfields to a London tradesman, as a gentler mode of exercise than what is commonly used. How far this will be deemed an improvement in the *Gymnastic* part of medicine we shall not pretend to determine, but we may venture to say, that in many passages of his performance the author does not appear to have studied the *art of narration* with much success.

This is the general idea I entertain of the medical productions in 1767. As to those published in this present year 1768, an account of them will be given hereafter.

Observations on the new Method of Inoculation.



TO enter into the merits of Inoculation in general, when so many authors have already wrote upon the subject, and so long an experience hath proved the usefulness and success of this salutary practice, would now be deemed an unnecessary, and even a disagreeable task : It would appear to be only a tedious repetition of arguments whose validity, time and facts have sufficiently confirmed; and as these constitute the best evidence in favour of any doctrine, we cannot more effectually serve the cause of Inoculation, than by appealing to such innumerable and unanswerable testimonies.

But it must be remarked, that although the received practice of Inoculation had proved generally successful; yet several difficulties occurred, and consequently many objections were made, which not only furnished arguments to the superstitious opposers, but likewise deterred the cautious, nay even the sanguine promoters of that expedient, from recommending and performing, with an alacrity equal to its success, an operation trifling, easy, and safe in itself, and productive of the most important benefits to Society; being the means of securing and preserving mankind from so loathsome and dangerous a disease as the *Small-Pox*;

a disease, we may add, not originally belonging to the *English* climate or constitution, but accidentally brought from foreign parts, and ingrafted by infection; a disease which I hope in time will be rendered innoxious at least, if it is not totally exterminated by proper methods and management.

Many improvements therefore were long wanting in this branch of Medicine; and accordingly improvements equal to our most sanguine wishes have lately been introduced. From what source, or from what particular exertion of human reasoning and faculties they arose, I will not pretend to determine. It seems most probable that we owe them in their first rude state, to some of the most ignorant and lowest amongst the people: “How much so-
 “ever such a reflection may mortify the pride of
 “men of science, (says Dr. *Baker*) it cannot but be
 “acknowledged that the art of medicine has, in se-
 “veral instances, been greatly indebted to accident;
 “and that some of its most valuable improvements
 “have been received from the hands of ignorance
 “and barbarism. This truth seems remarkably
 “exemplified in the practice of Inoculation of the
 “Small-pox; a practice which chance seems to have
 “first suggested, and of which some poor unknown
 “illiterate woman was probably the original dis-
 “coverer.” *Dimsdale* tells us, in his Introduction,
 “I first heard, and with the utmost satisfaction,
 “that in some parts of the nation a new and more
 “successful method of inoculating was discovered
 “than had hitherto been practised. The relators
 “gave incredible accounts of the success, which
 “was

“ was the more marvellous, as the operators were
“ chiefly such, as (by report) could lay but little
“ claim to medical erudition.” But whether study,
or gradual experience, or natural and intuitive
sagacity, or meer accident, first suggested the means
of Inoculation, or its improvements, is a question
not easily to be answered : perhaps, in regard to
society, it is immaterial whether it is answered or
not ; or whether we receive instruction from the
grave and solemn doctor, or from the itinerant :
we frequently find amongst a free people, that
some of the lower orders, as well in political as in
medical matters, will start improvements which
the college or the council would never have
thought of. Let it then suffice, that we are able
to render these improvements subservient to the
general welfare and preservation of our fellow-
creatures ; and not only in the disease under present
consideration, but in others likewise upon similar
principles, though with proper cautions and re-
strictions.

Nor will it be deemed of much consequence to
ascertain exactly the æra when the new method of
Inoculation was first known : most probably it
was found out by gradual observations, and by
repeated experiments, though it became chiefly
popular in 1765. In regard to the particular
person to whom the honour of the discovery hath
been ascribed, we have no authority from himself
to say any thing : Mr. *Sutton* carefully avoided
the publishing of his method, and the giving us
an history of his proceedings : what we learnt first

was from reports and popular fame, which ever delights in the *wonderful*.—Yet it cannot be denied that the *vox populi* was in this instance right, and that Mr. *Sutton* had a very just claim to praise for his improvements, though he never acquired that glory which is due to those who generously communicate their knowledge for the public good, and are deservedly esteemed and ranked amongst the friends and benefactors to mankind.

This glory to which illiterate minds can scarcely ever aspire or arrive, Dr. *Dimsdale*, endowed with great sagacity and superior abilities, hath with universal applause obtained. He had long been making observations, he had derived all necessary information from reading, he compared every circumstance in practice, with his own and others' opinions, and at length happily succeeded in finding out the most rational and safe method of Inoculation hitherto known. He did more : he immediately published his sentiments for the good of mankind, and generously explained the principles upon which he grounded his practice, and his book is undoubtedly one of the most useful medical productions that ever appeared. From the time of his publication, therefore, we may justly date the æra of the new method of Inoculation ; and the merit which *Sutton* might have claimed, had he been equally open and explicit (supposing him equally capable of writing) was by all justly attributed to *Dimsdale* : upon this foundation therefore the matter seems to rest ; what *Dimsdale* wrote deserves our thanks, and may be relied upon as authentic ;

authentic ; but as to what others wrote concerning *Sutton's method**, (a method which he never published)

* Here it seems proper to submit to the reader, the opinion of the greatest persons of the faculty, relative to Mr. *Sutton's* Inoculation, in a letter signed by their names, in which is exhibited, a fair and candid view of the matter.

The opinion of his Majesty's Physicians and Surgeons, given Jan. 23, 1768, in regard to Messrs. Suttons practice in Inoculation, in consequence of a letter from Sir John Pringle, dated London, May 6, 1767, to Mr. Brady at Brussels ; and another from Count Kaunitz Rittberg, dated Vienna, Dec. 17, 1767, to Count Seilern, Ambassador from the Empress Queen to the King of Great-Britain.

London, Jan. 23, 1768.

“ The Physicians and Surgeons of the King of Great-Britain, in obedience to his Majesty's commands, transmitted to them by the Earl of Hertford, his Majesty's Lord Chamberlain, have perused and duly considered two letters delivered to them ; one from Count *Kaunitz* to Count *Seilern*, dated Vienna the 7th of December, 1767 ; the other from Sir John Pringle to Mr. Brady at Brussels, dated London the 6th of May, 1767, upon the subject of the Inoculation for the Small-Pox.

They humbly beg leave to observe, that no report whatsoever, in respect to the *general* success of Inoculation in this country, can greatly exceed the truth ; that for many years past scarce one in a thousand has failed under the inoculated Small-Pox, even before the time of the *Suttons*, where the patients have been properly prepared before, and rightly treated during the eruption, with respect to external heat, diet, cooling and opening medicines.

That by a steady observance of these rules, and by a much freer use of the open and even cold air, than was formerly known in this country, Messrs. *Suttons* and others have communicated the Small-Pox with great success, and have thrown some new lights upon the subject of Inoculation, particularly with respect to the exposing of patients to the open air ;
that

lished) it appears to be mostly conjecture, and opinion undecided by facts. No wonder then that *Dimjdale* has since obtained those rewards and honours

that the inoculators in England in general have adopted this method, and experience the success of it daily.

That they are of opinion, that the great success of Messrs. *Suttons* is to be attributed to the advantages arising from the exposition to colder air, from a judicious treatment, and the due observance of some other rules, which have usually been followed in this country before, and not to any *peculiar Nostrum*, or *specific remedy*.

That they have no doubt, but that the method of Inoculation practised in England with such universal success, would be as successful at Vienna, provided the Inoculation was performed with the same skill and prudence, and the patients were equally submissive to the rules directed.

In answer to the extract from Sir *John Pringle's* letter, they beg leave to make the following observations : It is said, that the number of pustules on the whole body of a patient inoculated by Mr. *Sutton* does not exceed one hundred, or two hundred at most, commonly not a dozen : if it is meant that the number of pustules *can be determined*, and that they will *never exceed* two hundred, they beg leave to observe, that this is not an exact representation of the case ; for though it will very frequently happen that the number of pustules will not be more than a dozen, yet sometimes, though very rarely, they will greatly exceed two hundred.

It is said that Mr. *Sutton* does not require his patients to keep in doors : this passage seems to imply that it is at the option of the patients whether they will go out or no ; but the truth is, they are strictly enjoined to go abroad, and to expose themselves to the open air. It is said that Mr. *Sutton* has inoculated 40,000 patients *without losing one*. They are not able to ascertain the number that he has inoculated, but believe he has not always been successful, though he has failed so very seldom, that they do not think that it ought to be considered as any objection to his method. Sir

nours in *Russia* which he justly merits, and that his book is become the standard of our practice in Inoculation, from which every man may be instructed sufficiently in essential points, whatever alterations particular circumstances and constitutions may require, or whatever observations may lead to future improvements.

Immediately upon the publication of Dr. *Dimsdale's* treatise, the spirit of Inoculation was diffused all over the kingdom: every man became desirous of sharing the profit and the fame arising from an operation apparently so easy and successful: advertisements were published without number, and, in short, one would have imagined that all other

Sir *John Pringle* adds, that when Mr. *Sutton* is called to people in the natural Small-Pox, who are in danger, and at the height, or crisis of the distemper, the first thing that he does to relieve them is, to expose them to the open air; to carry them into it if it be possible, and this even in the winter; and if they are not in a condition to be removed, he orders all the windows and bed-curtains to be thrown open. They apprehend *this practice* has been found unsuccessful.

The *Suttons* are, undoubtedly, in some respects improvers in the art of Inoculation, but by applying their rules so generally, and by their not making a proper allowance for the difference of the constitutions, have frequently done harm. All their improvements have been adopted by other inoculators, and in the hands of these the art seems to be carried to very great perfection. Signed

WM. DUNCAN,

CL. WINTRINGHAM,

R. WARREN,

J. RANBY,

C. HAWKINS,

D. MIDDLETON,

} Physicians to the King.

} Surgeons to the King."

diseases

diseases had suspended their ravages, and that the surgeons had nothing else to do but to propogate a new one. The regular practitioners ranged themselves under *Dimfsdale's* banner; the itinerants under *Sutton's*: tho' many of the regulars were induced to become disciples and allies, or rather tributaries to the latter, paying a certain sum for the communication of his supposed secret, and the use of his name. The practice of the itinerants however seemed to prevail, tho' in time it has returned again into the hands of the regulars, in proportion as facts have proved their claim equal from the success which they have had. But it must be confessed that some few instances of ill success have occurred, which, for a while might check the rapid progress of Inoculation amongst the regular surgeons, though by no means can these accidents invalidate the force of argument in favour of it, or of those innumerable examples which prove the general usefulness and safety of the new method, as explained by *Dimfsdale*: Too much precipitation, confidence, and neglect, the intervention of some other disease, an imprudent use of mercurials, and in some respects the uncertainty of the operation itself, and of the effects of the variolous matter in certain dispositions and habits, may occasion untoward symptoms, and even an unfortunate event: therefore we must not be too secure and sanguine, notwithstanding we know how to prepare our patients, and are quite convinced of the surprising efficacy of cold air and cold water in extinguishing the eruptive fever in
it's

first stage and appearance ; but we must still exert all our skill and vigilance which we shall find frequently requisite in order to maintain the reputation of the practice, and to obviate fundry inconveniences and dangers that may occur.

If we are to consider *Dimfdale* the first author of the new method of Inoculation, (an honour to which I think he has a just title because *Sutton* has afforded us no information) we must then refer to his book as the source and fountain from whence all our knowledge in this particular point is derived, and therefore our observations on Inoculation would be concluded of course. But as several authors of great abilities have exercised their talents and enquiries upon the same subject, it is necessary to give a short account of their publications ; after which I shall exhibit a few cases illustrated with such remarks as will comprise all that I have to offer upon the occasion in as concise a method as possible.

I will not pretend to exactness in regard to the order of time in which these publications appeared. *Dr. Baker's Enquiry*, if not prior in time, is certainly superior in merit to many of them. In the hands of a man of science any subject becomes instructive, and accordingly the reader will find in this learned gentleman's book a plain and candid account of the new method, and a sensible disquisition concerning the merits of it : he has favoured us likewise with an accurate examination of *Sydenham's* sentiments and practice in the Small-Pox at different æra's of his life fairly deduced from his
T writings :

writings : from which we may trace the first ideas of the cold regimen in this disease, though the practice was not applied to Inoculation*. Dr. *Glass*, in his *Two Letters* to Dr. *Baker*, makes several excellent observations on the useful effects of sweating during the eruptive fever, on which he seems to lay great stress as a means of producing a mild and favourable kind of Small-Pox : this opinion he supports by various examples in practice, and in short declares that the success, “ depends principally on the patient’s being kept “ properly sweating in the eruptive fever by some “ medicines which are administered for this purpose.” How far this corresponds with the *Suttonian* practice, or how essentially necessary it may be in some stages of the disease, I will not pretend to determine : but content myself with recommending these hints to the serious consideration of inoculators, as well as the other observations of this excellent Physician and able writer contained in these letters, to all practitioners.

The next performance I shall mention is Mr. *Chandler’s Essay towards an investigation of the new*

* I take this opportunity of remarking, that so long ago as the year 1749 Mr. *Frewen*, then Surgeon at *Rye* in *Suffex*, published a pamphlet on Inoculation, in which he had an imperfect glimpse of the great use of cold water though he does not seem to pursue the idea, or to bring it to any effect in point of practice : “ Small beer, (says he) barley water, “ milk and water, emulsions, pectoral apozems, are common “ dilutors to be drank plentifully ; but I prefer good soft “ water, drank quite cold, or with a toast, to all other things, “ being convinced, by repeated experience, that it exceeds “ all the rest.” *Frewen* on Inoculation, page 30.

Method

Method of Inoculation, who writes very candidly and intelligently upon the subject, and makes some comments upon Dr. *Baker* and Dr. *Glass*, giving his own opinion that the success of the new method is principally owing to the use of crude varicellous lymph in communicating the infection.

Dr. *Ruston's Essay on Inoculation for the Small-Pox* contains chiefly an account of the modes of preparation used in *America* and in his own practice, together with a chymical examination of the different formulæ of mercurials, upon which class of medicines differently modified he seems to depend very much: In the appendix to the work we are informed of some experiments made in order to determine the nature and composition of the medicines used by Mr. *Sutton*.

As to Dr. *Langton's* pamphlet wherein he endeavours to prove that the insertion of crude lymph does not produce the true Small-Pox, his opinion in this point is void of foundation, and if I remember right he withdrew his objections in the public papers.

The ingenious Mr. *Holwell* has published an accurate account of the method used in the *East-Indies*, expressing a very humane wish that his work may be conducive to the promoting of the practice of the *Suttonian* or new method adopted in *England*.

Mr. *Bromfield*, whose chirurgical abilities are unquestionable, hath given us several useful hints and observations relative to the practice of Inoculation; as to points of controversy I must refer to the

book itself*, and likewise to 'Dr. *Watts's Vindication of the new method* in answer to Dr. *Langton's* and Mr. *Bromfield's* objections, which will afford ample information to the curious reader.

Dr. *Maty* hath obliged the world with a translation of Dr. *Gatti's Observations on Inoculation*, which is extremely useful and reflects honour upon the ingenious author for his abilities and candour.

I must not omit mentioning a pamphlet translated from the Latin of Dr. *Closs*, in which the use of blisters is recommended as productive of the most salutary effects in mitigating the primary fever of the Small-Pox; and likewise in several other stages and symptoms of that disease. I have in the course of practice observed that the disciples of *Sutton* apply blisters repeatedly in cases when danger impends on account of too tardy an eruption; threatening the noble parts, or nervous system; or when some important organ such as the eye for instance is infested by pustules. Undoubtedly this application is essentially necessary, as every attentive practitioner will allow who from considering the nature and operation of blisters is enabled to be a complete judge of their usefulness upon all such emergencies above mentioned either in the natural or inoculated Small-Pox.

The next publication to be taken notice of is Dr. *Watson's*, containing *A series of Experiments instituted with a view of ascertaining the most successful method of inoculating the Small-Pox*. This may be justly called one of the most useful treatises upon

* *Bromfield's* thoughts arising from experience, &c.

the subject yet exhibited, because it contains the most facts: therefore I cannot help recommending it as an excellent supplement to Dr. *Dimsdale's* book.

Lastly, let me beg leave to mention a Latin commentary wrote by the author of the Medical Miscellany. In this performance which is little more than an abridgement of *Dimsdale*, candour requires the author to acknowledge that he carried the notion of the anti-variola efficacy of mercury too far; an error which future experience hath enabled him to correct*.

Upon the whole, from the collected opinions of various authors, from considering the nature of the disease in question, and from observation and practice the following conclusions may be drawn.

The Small-Pox is a disease Sui generis the matter of which can never be assimilated with other humours of the body, and consequently it cannot possibly generate any other disease.

The Small-Pox can affect the blood but once (some few exceptions must be allowed though not sufficient to invalidate the general observation) a peculiarity which distinguishes it from all other infectious distempers.

Inoculation is a means of introducing the variolous virus gradually into the lymphatic system, affording us every opportunity of retarding it's progress, and ob-

* This is a summary review of the principal productions which appeared upon the subject of Inoculation in 1767 and 1768.—I have avoided giving the titles at large, which any bookseller will supply.—Perhaps some may be omitted which have not come to my knowledge.

viating it's malignity by the timely use of such methods and medicines which experience hath proved to be most successful: by these the blood is brought to the most healthful state, and the disease affects it but slightly; yet sufficiently to ascertain it's nature, and secure the patient from any future attack, whether the pustules do or do not mature.

Preparation in regimen and physic is necessary, though*

* In respect to regimen the following directions were given in hand-bills to the patients here along with the medicines: Sutton and Shuttleworth's directions for taking the inclosed medicines, &c.

“ Take one of the papers of powder at bed-time, in the
 “ pulp of a toasted apple, or any jelly, and next morning a
 “ paper of salts dissolved in a little boiling water, drinking
 “ plentifully of water-gruel, cheese-whey, or small tea, as
 “ they work. The patient ought to be very careful of cold,
 “ during the operation of the physic; and if it does not operate
 “ six or eight times in about six hours, it will be necessary
 “ to take half another paper of salts (more or less, as occasion
 “ requires) or if they be vomited up shortly after being taken,
 “ as soon as the sickness is entirely off, one of the other papers
 “ of salts must be given. The other powders and salts must be
 “ taken as above, omitting two days between each dose. The
 “ deficiency of salts may be supplied at any apothecary's. It
 “ will be requisite for the patient to have a stool on each of the
 “ intermediate days during the preparation; in order to which
 “ stewed prunes, roasted apples, or tamarinds, should be eaten
 “ occasionally.”

The Diet for Breakfast.

“ Tea, coffee, or chocolate, with dry toast, or ordinary
 “ cake; rice milk, milk gruel, skimmed milk, honey and
 “ bread, &c.”

For Dinner.

“ Plumb or plain-pudding, apple-pye, rice milk, frumenty,
 “ and the production of the kitchen garden, with use of
 “ salt.”

For

though some cautions ought to be observed in respect to the latter especially in the administration of mercurials. When the febrile symptoms come on, cold air and cold water are the most universal and effectual remedies: the use of purging medicines in this as well as other lymphatic and cutaneous diseases is evident, but at the same time great caution and judgment are requisite to adapt these medicines to each particular stage and symptom of the distemper, the degree of fever, the slowness of inflammation as also the excess of it in the arm: sweating in the eruptive state not insisted upon, although it may be adviseable in the erysipelatous efflorescence when the patients are to be confined to the house: blisters by way of derivation will be frequently wanted."*

For Supper.

" Any of the above spoon-meats, roasted potatoes, turnips,
" &c. but, if it can be complied with, going to bed supper-
" less, and to eat sparingly, even at other meals, will be most
" proper; abstaining from all flesh, butter, cheese, and spiced
" food; most kinds of fruit may be eaten at pleasure, except
" on the physical days; on which days some allow broth.

" The common drink may be toast and water, milk and
" water, lemon and water, or *Imperial* water, made by adding
" a gallon of boiling water to an ounce of cream of tartar;
" abstaining from all spiritous, vinous, and malt liquors:
" moderate exercise withal is necessary."

* Mercurials are not always proper but often injurious, especially when administered indiscriminately, in respect to quantity, and to the age and constitution of the patient. An itinerant operator employed to inoculate a child of a family of distinction in *Cheshire*, gave a preparatory medicine which brought on an *Hypercatarrhis* attended with violent gripings and bloody stools, to remedy which the family apothecary was sent for, and the operator who made light of the matter was afterwards discarded.

To

To corroborate these opinions it may further be observed, that besides those particular circumstances of the Small-Pox affecting the blood but once and for a short space of time only, it differs from other infectious diseases in respect to the mode by which it is communicated to the blood ; not only so, but the operation of it when thus introduced bears not the least resemblance either to *venereal*, *scrophulous* or *scorbutic* acrimony : and this essential difference induces me to think very strongly, that no one instance can be fairly proved of Inoculation being the cause of any other disease or humour in the habit except the Small-Pox. If we consider the very nature of the Small-Pox, it's peculiar effect, it's transitory duration, and final extinction by the eruptive fever, and at the same time observe the mode in which other humours and infectious distempers appear and operate, these circumstances compared, I say, will clearly evince the impossibility of poisons so opposite in themselves ever uniting. Is the progress of the Small-Pox in any constitution, rapid, dangerous, and virulent in proportion as such constitution happens to be infested with venereal, scrophulous, or other humours ? By no means : the variolous virus in fact neither adds to or diminishes, neither creates or cures any other humour but itself ; therefore it cannot convey, or put in action the seeds of any other distemper. If we do not admit this position in it's full latitude, all arguments in favour of Inoculation would lose great part of their weight, if we do, all objections must give way. But it may be asked upon this occasion, whether the venereal virus
does

does not combine with the scrophulous, or at least whether the effects of it do not become worse in Scrophulous habits, and if so, why may not the variolous virus mix or act with other acrimony? The answer is obvious: for the venereal virus is communicated in a different manner and acts upon different principles, it not only contaminates the blood but pervades the glandular system and penetrates even into the bones, by which means it will unavoidably mix or at least co-operate with other acrimony as experience often proves. Again, this infection does not excite any critical fever as the small pox matter does, thereby extinguishing itself, but remains long obstinately fixed in the habit rendering the blood impure unless subdued by a particular antidote, and even thus for a while extinguished, the same causes will on some future occasion operate and produce the same disease as virulent as ever.

The eruptive fever in the inoculated small pox being in fact the criterion of the disease and the means of its total extinction, we find that the maturation of pustules is not a point of that consequence as hath commonly been supposed: and I much question whether full pustulation in the natural small pox is in any degree instrumental in clearing the body from noxious humours. I allow indeed that preparation and medicine in both species may have beneficial effects independant of the disease itself, which cannot (as observed before) assimilate with other humours, much less correct or expel them: nor must erroneous pre-

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judices

judices induce us to think that future appearances of innate distempers are owing to inoculation or a suppression of the eruption. The glandular system which was infested with schrophula before inoculation or the natural small pox took place, will remain schrophulous still; for there is not the least connection between the two diseases, each acting upon different principles. In respect to the suppression of the disease in its eruptive state we find no ill consequences arising from this mode of practice; at least no facts have yet appeared to discourage it, though some writers entertained terrible apprehensions of future mischief invading the constitutions of those who have been inoculated upon the new system: had there been facts I have not the least doubt but those writers would have shewn great readiness in proving and stating them properly, as arguments in favour of their declared opinions relative to this subject. All the inconveniences which I have been able to discover in suppressing the variolous eruption, are a temporary macies and wasting of the cellular substance attended with tremor and debility, a secondary and irregular fever preceded by a second fermentation in the place of insertion, great soreness of the arm, tumour and pain in the axilla, but scarce ever supuration, especially if purging has been used as judiciously as it ought to have been*.

But

* These reasonings which I submit to the consideration of abler judges, will obviate many of those objections which have been raised against Inoculation. At a time indeed after a long series of success has established the practice, one would little expect that any person should be so hardy as to attack it;

But still difficulties and untoward accidents as well as great anxiety will ever attend this practice. The intervention of some other unforeseen disease may happen to disturb the mind of the operator and endanger and even destroy the patient: An instance of this nature occurs in the following list of cases, which impartiality and a desire of putting

it; yet I am desired to take notice of a pamphlet lately published under this title, "The Nature of Inoculation explained, and its merit's stated." Printed for B. Law, in Ave-Mary-Lane, and J. Dale, at Colehill.

In the very first section of this performance, the author admits that the variolous matter is a virus *Sui generis*, and yet says that it contaminates the viscid part of the blood and juices, which serves as a nidus wherein the variolous matter rests: He then proceeds to argue that the Small Pox especially the natural sort is a salutary process by which these viscid juices are discharged, and not only so, but even acquired, and hereditary scurvy are at the same time by the action of the fever eliminated, nay, often exterminated. This good effect, he thinks, cannot be brought about by the new method of Inoculation, in which an imperfect depuration is attended with various mischiefs. "So sensible I am (says he) of the "bad effects of imperfect depuration of tenacious acrid matter, "and especially that which is transmitted, that I will venture "to declare, any disorder may arise therefrom, even, from a "simple eruption on the skin, to the king's evil, cancers, consumption of the lungs, or the slow nervous fever, and atrophy; in which the subtle diseased effluvia attack and prey "upon the first principles of life." These indeed would be formidable objections, if in any respect supported by facts; but as no evidence is produced to prove his assertions, I shall not enter into a controversy the merits of which experience hath sufficiently decided. I must refer the reader to the pamphlet itself, observing however in justice to the author that it is wrote with decency and an air of candour.

others upon their guard have induced me to publish, though I might easily have suppressed it.

On Jan. 31, 1769, ten patients of different ages and sexes were inoculated all in the same manner and with the same fresh matter taken from the same subject upon the points of lancets: These patients had been under a preparation for eight days, and taken two doses of the *Pulv. Præpar.* according to *Dimisdale*. I kept an exact account every day of the various appearances and symptoms occurring in each, together with the mode of treatment, of which the following is an abstract.

No. I. *Eliz. L.* aged 24: 1st day after the operation she took a dose of *Pulv. Præp. Dimisd.* which is a general rule in practice, and was observed in respect to all the other patients.—2. Wounds appear'd inflamed.—5. Inflammation spreads, edges rise, breath foetid; under which circumstances it is proper to repeat the *Pulv. Præp.*—8. Axilla painful.—10. Head-Ach, pain in the limbs, chilliness.—12. Eruption appears; allowed chicken and broth.—14. Pustules rise, throat sore.—15. Pustules begin to mature, which was owing to the indiscretion of this patient who determined to have a full eruption for which purpose she was always creeping to the fire, and taking all opportunities of indulging warmth.—16. Maturation increases, but the cellular membrane is not inflated.—18. Eruptions begin to decline, tho' the axilla continues painful.—19. *Pulv. Præp.* and *Pulv. Purg.*—21. Ditto; the disease goes off favourably.

No.

No. II. *Mary H.* aged 22.—The 1st operation did not infect; she was inoculated again with crude lymph taken from the wound of No. IV.—2d day wounds inflamed.—5. Inflammation spreads, edges rise.—10. Pain in the head and chilliness.—11. Better in consequence of walking out.—12. Eruptions very few and favourable and the patient soon got well.

No. III. *Mary H.* aged 15.—The 1st operation failed in infecting; she was inoculated again on *Feb.* 15. with crude lymph the same as No. II.—2d day, Wounds inflamed.—5. Edges rise.—7. Pain in the head, axilla sore.—8. Pustules about the wound numerous and full, no other eruption, the symptoms slight and the patient soon well.

No. IV. *Mary H.* aged 9.—3d day, Wounds inflamed.—5. Edges rise.—8. Feverish, with foetid breath.—12. Eruption and Symptoms very slight.

No. V. *James B.* aged 4.—1st day, Sick and feverish.—2. Measles broke out.—5. Slow intermittent fever with cough, one wound quite closed, the other rather dubious in appearance.—6. Symptoms from the measles better.—12. A yellowish appearance in one of the incisions, notwithstanding which at the request of his parents he was inoculated again with crude lymph.—13. A pustule appears in the first incision, the patient feverish, breath foetid—new wounds not visible.—14. Fever continues, and the pustule spreads.—15. Arm inflamed, and the variolous eruption observed.—16. Inflammation spreads with pustules surrounding it.—17. Inflammation
and

and pustules increase, cough from the measles becomes troublesome, with hectic fever attending, he took the *Pulv. Febr. Specif. Mixt. Oleos.* made anodyne occasionally.—18. Cough troublesome, fever severe, the child cries and pines continually; ordered a linctus with *Etixr. Cort. Peruv.* nearly the same as that referred to * below.—19. Variolous eruptions very few and favourable, the fever continues.—20. Fever with loss of sleep and appetite, pain in the head; ordered a blister and glysters of *Decoct. Cort.* occasionally.—22. Feverish and restless.—23. and 24. Symptoms rather abated.—25. Fever returned with constant cough, the child much wasted and grew worse every day.—30. Pining and looseness.—31. Blisters to the arms.—32. No remedies prove serviceable.—38. The child died.

No. VI. *Richard H.* aged three years and a half.—5th day. Edges of the wounds rise.—8. Fever and foetid breath.—14. Eruptions maturate owing to too much warmth and indulgence in the arms of his mother.—16. Eruptions very fore, but the cellular membrane not inflated; the patient soon got well.

No. VII. *Mary T.* aged three years and a quarter.—Nothing remarkable.—Disease very slight.

No. VIII. *Samuel C.* aged three years and a quarter.—Disease very slight.

* Vid. page 42.

No. IX. *Elizabeth B.* aged two years (sister to the patient marked No. V.) 1st day. After the incision feverish.—2. Measles appeared.—3. Wounds not visible.—5. No appearance of infection, the symptoms from the measles abated.—On the 12th of *Feb.* she was inoculated again with crude lymph.—2d day after the last operation, wounds inflamed.—5. Edges rise and pustulate.—8. Pustules spread.—11. Arms very sore.—12. Feverish.—14. Slight eruption which scarcely matured.—18. Fever and pining and cough in consequence of the measles.—19. Looseness, ordered gentle restringents and anodynes.—24. Fever intermits.—26. Better to day, appetite and sleep returned, slight fever towards evening.—27. Much better, and in a few days quite recovered.

No. X. *Hannah C.* aged one year and three quarters.—Disease slight.

In respect to the cases marked No. V. and No. IX. I was from the first appearance of the measles justly apprehensive of the danger which ensued: Nor could I possibly suspect the approach of that disease as the children seemed to be in very good health the day on which they were inoculated. It was doubtful to me whether the eruption of the measles so soon after inoculation would not prevent the variolous infection, but the example mentioned under No. V. proves that the measles did not stop the progress of the small pox; yet the late appearance of the infection does not in this instance confirm that prognostic of *Dimisdale* relative to the future

danger of the disease from this circumstance, because the Small-Pox was in reality in itself very slight and favourable, the death of the child being most surely occasioned by the measles.

The uncertainty of infection we see evidently in some of these cases ; which leads me to observe, that the preference in respect to matter is due to the crude lymph taken from the place of insertion, tho' in general I have found the dry matter on the lancet effectual. We find likewise that warmth and indulgence certainly contribute to the increase of the eruptions, a circumstance of which even the most prejudiced favourers of the old method are now sufficiently convinced.

But what shall we say to the effects of this cool regimen in respect to the natural Small Pox ? Will it avail, or is it safe after the eruption appears ? I must leave the decision of this question to more enlarged experience, at the same time I am glad of the opportunity of publishing the following case, communicated to me by a physician whose abilities render his authority unquestionable : With this I shall conclude the present chapter, leaving the facts to speak for themselves, as needing no comment.

Jan. 30, 1769. “ Mrs. ——. inclined to corpulent habit, was seized in the evening with
 “ slight shiverings, and pain in her head and back,
 “ had a restless night.—2d day Confined to her
 “ bed with an increase of her complaints ; took
 “ some saline draughts and wine whey, supposing
 “ she had taken cold ; in the evening had a cordial
 “ given

“ given her ; and had again a very disquiet
“ Night.

3d.—1st of the eruption.—“ In the morning,
“ on attempting to bleed her, a small erysipelatous
“ eruption was observed on her arms and neck ;
“ on which account the bleeding was omitted ; her
“ saline draughts were continued, and in the even-
“ ing, in order to relieve the pain in her head and
“ back, she was ordered to bathe her feet and legs
“ in warm water ; which was continued till she
“ had frequent fainting fits.

2d.—“ This day the eruption was increased over
“ her face and her whole body, sufficiently to as-
“ certain the disease to be the Small Pox : She
“ took a cordial draught with half an ounce of
“ Tinct. Rhei, which procured her four stools :
“ *Hodie Catamenia abundanter fluunt* ; had great
“ difficulty in breathing with great oppression in
“ her breast : The eruption increased on the whole
“ body ; very small and copious on her arms and
“ breast, but more distinct in her face.

3d. day of the eruption.—“ The oppression on
“ her breast considerably increased, with great dif-
“ ficulty to expectorate from the viscidty of the
“ phlegm : continued very languid and faint :
“ confined to her bed the whole day.

4th day.—“ The symptoms became very alarm-
“ ing from the faintings and difficulty of breath-
“ ing, with the great load of eruption.

5th.—“ Was taken this morning out of bed and
“ carried into a large room with the windows open ;

“ took a calomel bolus with a quarter of a grain
 “ of Emetic Tartar, which vomited her twice, and
 “ gave her three large purging stools ; which pro-
 “ cured great relief : drank frequently cold water
 “ with Sp. Vitriol. Dulc. acidulated with a few
 “ drops of the said spirit. Had a good night, and
 “ expectorated freely ; her fever was totally re-
 “ moved.

6th.—“ Sat up the whole day, and walked fre-
 “ quently into the large room with the windows
 “ open ; and drank cold water with the said drops.
 “ Took no medicine, and had again a very good
 “ night.

7th.—“ The appearances as favourable as be-
 “ fore : free and copious expectoration without
 “ any fever : took the calomel bolus again this
 “ evening.

8th.—“ The bolus not having procured any
 “ considerable discharge, was repeated this morn-
 “ ing in an increased quantity : which with leni-
 “ ent opening medicine procured six large evacu-
 “ ations by stool : much relieved, and had again
 “ a quiet night.

9th.—“ The eruptions on her face fully matu-
 “ rated ; her face swelled to a great degree ;
 “ all the appearances as favourable as could be
 “ wished ; drank plentifully of cold diluting li-
 “ quors acidulated as before : continued up the
 “ whole day, and was frequently led about the large
 “ room without any fire in it, and the windows
 “ open :

“ open : had two large stools this day from the
“ opening apozem.

10th.—“ This morning the swelling of the face
“ was considerably abated, and the hands began to
“ swell without the access of any secondary fever :
“ her regimen the same as before ; and all the
“ symptoms as favourable as possible.

11th.—“ The disease went on very favourably ;
“ her feet began to give her great pain from the
“ number of pustules and the thickness of the inte-
“ guments ; was carried into the large room ; had
“ a restless night from the pain of her feet ; in
“ other respects very well.

12th.—“ The symptoms as favourable as be-
“ fore ; took this night twelve drops of Laudanum
“ on account of her feet ; which procured her a
“ very good night ; and she waked very well in the
“ morning of the 13th day of the eruption.



*Of internal Abscesses, particularly on the Psoas
Muscle.*

IT is the office of a surgeon to distinguish properly incurable cases as well as those which admit of relief, that he may be able to form a just prognostic, and avoid being deceived by external appearances. Amongst the juniors of the profession care, attention, and study, must supply the want of experience, and for their instruction the following memoir is designed, explaining some circum-

stances of a disease which hath not hitherto been accurately described by medical writers.

Perhaps the general fatality of the *Psoas* abscesses, the impossibility of arriving at the source of it, and the inefficacy of medicines having been repeatedly experienced, are the reasons which have deterred practitioners from writing about a case which they despaired of curing. Yet however irksome and disagreeable such a task may be deemed, some useful remarks and inferences may be made to render our enquiries worth attention, and the subject in some measure interesting to the reader.

We may with propriety divide internal abscesses into two species—*general* and *particular*—under the first title we are to range all those collections of matter formed within the cavity of the Abdomen (for I intend not to speak of the Thorax or of its diseases in this chapter) either from the inflamed surfaces of the contained viscera, from the transuding fluids, from the intervening cellular substance, or the *Peritonæum*. This matter diffuses itself very irregularly, and points externally in various parts as it is not confined in a cyst; most frequently it appears in the most depending, tho' sometimes from accidental adhesions of the *Peritonæum*, it may present itself higher up on the abdomen or wherever those adhesions happen. The cause of this matter first forming is owing to a lax habit of body, and if we consider the ample extent of the surfaces of the contained viscera and containing membranes, we shall readily explain the reason why the quantity

quantity of matter is so very great and the consequences of such a disease generally so fatal to the patient. From the same consideration the difference in respect to danger between an external and internal abscess is evident* ; the former we know is circumscribed and confined, and admits of any easy cure, the latter arises from sources which we cannot reach, the powers of medicine and the skill and dexterity of chirurgical operation proving equally ineffectual as to a cure.

The effects and consequences of *general* internal abscesses must be various and uncertain, as the sources of them are so deep and extensive. In regard to the *particular* species of these abscesses, they take their distinctions from the organs most materially affected : For instance the liver, and the mesenteric glands, and other viscera ; but the explanation of these comes not under our present purpose.

* In some large abscesses formed externally on the lower part of the abdomen, there is at first a difficulty in determining whether they do or do not communicate with the Cavity. An instance of this kind occurred very lately in a man of a corpulent habit : The symptoms in some degree were equivocal, especially in regard to the pain of the back, and the discharge after opening the tumour was very copious. But finding afterwards a necessity of enlarging the incision to trace the source of the matter, it appeared to arise from the cellular membrane. The seat of it however lay very deep, and the case for a long time continued doubtful ; but as no matter flowed from the cavity of the abdomen, a cure was at length effected by proper dressings, internal medicines, and artful bandage.

The

The disease commonly called the *Psoas* abscess belongs to the *general* species of internal abscesses : For as to the meer name, it is by no means absolutely significative of the seat of the disease : for this appellation is given, not because the matter is originally formed on the *Psoas*, but because it frequently is insinuated along the course and direction of that muscle, and consequently by that means drops into the most depending part of the cavity of the abdomen.

The cause of the *Psoas* abscess remains too obscure to be exactly ascertained : We may say in general that it arises from a laxity of fibre, an expression which will seem to many vague and unsatisfactory. Indeed it is equally difficult to point out the origin of many other internal diseases especially chronical ones. No wonder then, that in this case of the *Psoas* abscess wherein the matter is collected from so large a cavity as the *Abdomen*, and from surfaces so ample and extended as the contained viscera as well as the cellular substance and surrounding membranes, we should be at a loss how to determine precisely the source of the disease when so many parts are affected. We know that it does not arise from any particular inflammation. How then must we account for it ? Shall we admit the possibility of the exhaling perspirable fluids in several cavities of the human body being convertible into *pus* ? We are indeed told by the most able physiologists that the coagulable lymph secreted within the thorax, the pericardium,

- dium, and the abdomen, (tho' of infinite use in itself) proves very pernicious when the secretion of it exceeds the necessary quantity. This superfluity then is the cause of disease and may possibly degenerate into matter, which being confined, frequently becomes putrid and occasions many mischiefs by it's absorption.

Allowing this generation of matter to be the probable cause of the *Psoas* abscess, we next come to describe with rather more certainty, the symptoms.

The grand *pathognomonic* symptom is a pain in the loins or back, attended with shiverings and heat alternately. The space of time between the first appearance of these symptoms and the formation or pointing of matter externally varies in different cases. The tumour itself advances very slowly as it is not of the plegmonoid species, and appears irregularly sometimes in the groin, sometimes lower, and frequently behind under the *Glutæi* muscles affecting all the neighbouring bones with a *Caries*: In this last circumstance it frequently happens, that the matter forms several abscesses which burst of themselves and leave as many fistulous orifices thro' which issues a thin discharge, and if we introduce a probe into any one of these we shall often discover part of the os ilium or sacrum to be foul. Many other ill effects happen internally by the matter pressing upon or affecting the contents of the *Pelvis*, for instance, irritation of the neck of the bladder and the rectum occasioning pain in
making

making water and a diarrhæa. Add to these miseries all the mischiefs which usually attend absorption of matter, particularly hectic heats, intermittent fever, thirst, macies, and an unhealthy aspect. Instances have been known in which the matter has insinuated itself along the course of the great vessels and formed a tumour in the thigh, the nature of which is discovered by the above-mentioned previous symptoms. Nor must we omit observing, that from the situation of the tumour over the direction of a large artery a pulsation is communicated which is very fallacious and is often mistaken for an aneurism*.

As matter from the *Psoas* abscess may possibly drop down into the thigh, we must not from the appearance confound this case with another somewhat similar in this respect tho' entirely different in it's nature and arising from a different source. I

* A tumour of this kind I saw some time ago, which appearing in the loins directly upon the course of one of the iliac arteries, had a remarkably strong pulsation, insomuch that some of the best surgeons in *England* pronounced it to be *aneurismatical*, and it was treated accordingly. *Alexander Monro*, senior, had some doubts about it, and advised puncturing with a fine needle in order to discover the contents: An ingenious proposal, tho' perhaps had it been tried, the result of the experiment might not have proved decisive, because *Dr. Hunter* tells us that the discharge just before the rupture of an aneurism is thin and ichorous. The tumour at length broke of itself and instant death was expected, but the contents proved in a few days that the case was no other than a large abscess: Yet the source of matter being internal the patient grew hectic, consumptive, and after some time died tabid.

mean

mean the abscess formed in the *Acetabulum*. Indeed the previous symptoms are sufficiently distinct, so as scarcely to admit a possibility of confounding the diseases. But I must observe that both of them do generally proceed from a scrophulous humour in the habit affecting the glandular system. In both the matter is frequently absorbed and translated to some of the nobler organs; but by what means this translation is effected from one part to another quite remote, is a question not yet clearly explained. The fact however is incontestable, as many instances have been proved from dissections. We have often seen in opening bodies which have died after amputations, matter formed in the lungs from an absorption in the stump. In all cases of this nature whether in large wounds, ulcers, or abscesses from whatever cause, if the quantity of matter discharged is less than usual and especially if the decrease is sudden, and a fever ensues, we have reason to apprehend fatal consequences; for matter never changes its seat without injuring the patient *.

In

* Having mentioned the abscess of the *Acetabulum*, I am led to remark, that when the matter appears in the form of a tumour in the thigh, it is difficult to determine the propriety of opening that tumour; and in this respect again this disease resembles the *Psoas* abscess. — Upon examining the body of a patient who died in consequence of an abscess formed from the acetabulum which had been opened, I observed the right lobe of the lungs entirely suppurated and destroyed, the surfaces of the abdominal viscera adhering to the omentum and peritonæum, the mesenteric glands enlarged and diseased, and the bed where the matter was first

formed



In large abscesses (as just before-mentioned) we are often led into errors on account of the similitude they bear from communication with blood vessels, to aneurisms. This deception now and then prevails even in tumours situated in the extremities; Mr. *Bayford* very judiciously says †, “It is certain, that the meer pulsation of a part must ever be deemed equivocal, as that so often happens without any manifest disease in the arterial system.” I have in many cases profited from this kind of caution, being induced to examine with care and circumspection the true state of several tumours which perhaps might have escaped or deceived a less vigilant enquiry. Among these cases I beg leave to mention one, which under the appearance of an aneurism betrayed a cancerous nature, the explanation as well as the opinion relative to this tumour given by me may be seen in the note ‡. It may be proper to add, that the patient died cancerous.

To

formed quite dry; the head of the os femoris carious and the surrounding cartilage as well as the gland in the cavity of the joint corroded.—When upon opening an abscess of a suspicious nature situated near the crural vessels, we discover any discharge or coagulum of blood we must be very careful of meddling with the eschar (if a caustic has been used) and especially with the coagulum itself, but leave the separation entirely to nature. Those who have neglected these cautions have often destroyed their patients.

† Vid. Medical Miscellany, page 132.

‡ “I have examined Mr. S——’s leg with the utmost attention, and from the present appearance of the tumour, and from the history of the case I judge it to be of a cancerous

To the foregoing observations on the *Psoas* abscess deduced from facts, it will be unnecessary to add a great number of cases, the appearances and the

“cerous nature. For he complains of a pritching shooting
“pain, the tumour is knotted, hard, and unequal, the tendons of the gastrocnemius muscle contracted, the fore
“where the skin is broke, from the protrusion of the flesh
“resembles a cancerous sore, and the discharge is frequently
“thin and acrid. All these are diagnostic marks of a
“cancer. It happens indeed from the pressure of the tumour
“upon an artery that a pulsation is communicated to it
“which may have led some into a suspicion of it's being an
“aneurism. But in no other symptom does it correspond
“with that disease. I wish it was an aneurism rather than
“what it appears to me to be, because then the amputation
“would be proper as the blood would not be supposed tainted
“with acrimony, and the stump might be healed without
“apprehension of future mischiefs.

“The fore it seems has bled, which is another characteristic of a cancer; for if it had been an aneurism, I shall
“suppose the affair would then have been decided. Besides
“from the whole appearance of the limb, the sores, the
“tubercles, and indeed the aspect of the patient, I am more
“convinced in my opinion. It may indeed happen from
“the corrosion of the matter, that some blood vessel contiguous to it may be divided, and a false aneurism produced, requiring the same immediate necessity of amputation; but at present that danger seems remote.

“From the whole of the case as it appears to me, I would
“advise by a milk diet, and other means to correct the
“acid humours, and by emollient poultices to soften the
“tumour;—till the hardness is reduced I should think either
“incisions or amputation improper—the latter nothing can
“justify except the rupture of a blood vessel or violent increase of pain, and even then the event or the consequences
“might be unfortunate. “Had

the event being in most of them similar. Some linger a long time under their miseries in a consumptive state; some perish speedily in consequence of a mortification of the parts, and a deluge of matter.—In others the disease appears and disappears, remits and returns, keeping the patient in the most uncomfortable suspense. In all, the remedies prescribed are of little service, *opium* excepted, which must always be used in proportion to the urgency of pain and discharge.

A boy aged 14 was taken into St. George's hospital, with an abscess pointing in the groin, and seemingly ready to burst through the skin: However it was not opened, and after a considerable time it disappeared and formed itself again on the contrary part in the other groin. It was then opened, and the boy remained in a lingering state several weeks with a great discharge from the wound. But at length, the quantity of matter decreasing, the wound closed up and he was sent out of the hospital. About two months after this he came again with the same complaint, but as he had a very bad hectic cough it was not thought proper to admit him, and in a short space of time he died consumptive.

“ Had I any reason to think Dr. Stork's boasted cicuta as
 “ effectual as he say it is, I would here recommend it; how-
 “ ever in the poultice either the bruised herb, or the ex-
 “ pressed juice should be added—of it's internal use I am
 “ doubtful. For medicines I advise, gentle aperients, and
 “ opiates occasionally, with milk diet and *sarsa* deco-
 “ tion.”

E. A.

E. A. a girl about twenty years of age came into the hospital with a large tumour under the gluteus muscle: upon opening it a prodigious quantity of ill-conditioned foetid matter was discharged, and upon examining with the probe the spine of the *Ileum* was found to be carious. In ten days after the operation she died more suddenly than was expected *.

A man came into the hospital (aged about 50) with a tumour that at first appeared of a doubtful nature as it was situated near the abdominal ring and resembled a rupture; but it was soon distinguished from that disease, by it's not receding on pressure, or when the patient lay down a considerable time. It was likewise attended with great pain in the loins, and in the external part where it pointed: For this reason emollient fomentations and cataplasms were applied every day during the space of six weeks. By these means the tumour advanced more and more with a perceptible fluctuation of matter, the source of which was not so evident from it's appearance, as from the previous symptom of the pain in the loins, as well as the slow advance of the abscess. All the time the

* Upon examining the body I found both the left *Psoas* and *Iliacus internus* muscles diseased, and in a state of mortification. There was a large quantity of matter lying amongst the cellular substance in the lower part of the *Abdomen*. The *Peritonæum* was inflamed and indurated, and the intestines seemed sphacelated in several places. The spine of the *Ileum* was carious, as were likewise two of the processes of the *vertebræ lumborum*. The external wound communicated with the *Psoas* and was in a mortified state.

swelling

swelling increased in size, the patient seemed declining in his health; and when the matter was almost ready to burst through the skin Mr. *Hewitt* thought proper to open the abscess, and there came away about a quart of well concocted pus. A little time determined the certainty of it's being a *Psoas* abscess, by the profuseness of the discharge attended with hectic symptoms, and a colliquative looseness, which had indeed been troublesome from time to time during his illness, occasioned probably by an absorption of matter. It was observable in this case as well as in several others of the same nature, that the wound generally looked uncommonly clear and well: An appearance peculiar to the *Psoas* abscess, especially when the tumour has been suffered to ripen sufficiently, which observation makes against the practice of opening any tumour in a crude state, even such as are deemed critical. As to the propriety of opening the *Psoas* abscess, we may say with a very eminent surgeon, that whether we perform the operation or not, we do wrong, because the case itself admits of no one good measure being taken. But however the rules of surgery call upon us to open the abscess when sufficiently pointed.—As to our patient he lingered about fifteen days after the operation and then died †.

A young

† On examining the body I found a great quantity of matter lodged on the right *Psoas* muscle, which daily discharged itself through the external wound. On the left *Psoas* there was likewise a very large abscess formed though
it

A young man applied for advice concerning a tumour which was situated low in the groin, with a peculiar odd appearance as if it was intersected and divided into two distinct bags of matter. From the symptoms the case was judged to be a *Psoas* abscess. The patient was advised to go into the country, and to keep himself quiet and regular with proper nourishing and rather subastringent diet. In this case no application was ordered to the part, to avoid doing any thing which might irritate, or tend to increase the quantity of matter. When the tumour should be ripe the knife or caustic were to be used indifferently, taking care to make a small opening at the depending part; the whole chance of recovery resting upon the habit and strength of the constitution of the Patient. This case came under the inspection of Mr. *Middleton* and Mr. *Hawkins*.

It will readily occur from knowing the seat of the *Psoas* abscess that there can be but very little dependence or stress laid upon any particular mode of dressing or application to the wound. Tents are exploded as useless and even pernicious, except it had not pointed externally; the matter of this abscess was collected in a kind of sac formed by the peritonæum and adhering cellular membrane very much thickened. It extended quite up to the kidney (which was not injured however, being guarded by the surrounding fat) and low down likewise in the pelvis, and in process of time would have made its way externally by the side of the *os sacrum*, as often happens. The matter in this sac was in a crude state. There was an universal adhesion of the omentum to the peritonæum; the thoracic viscera were sound.

now

now and then they may serve to plug up the matter at one place, that it may be made to point more conveniently in another. Injections of any kind (though they bid fairest to penetrate to the very seat of the abscess) are of little or no service: If they are adviseable in any circumstance, it is in the case of fistulous orifices, into which the aq. calcis impregnated with a small portion of vitriol may be injected every day. We are equally deficient likewise in respect to the internal regimen and treatment; we may, it is true, prescribe sometimes to the symptoms with advantage, though not to the case in general. Lime water, asses milk, and the cortex peruvianus are used alternately. I frequently order the following decoction, and it seems to agree very well:

R Fol. Rosar. rub.

—— Balauft.

Cort. Granat.

—— Cinnamon. aa. 3i. coq. in Lact. vaccin. recent. lb̄i inter coquend. infund. aq. font. calid. lb̄i gradatim, colatur. lb̄i add. sacch. albiss. qs. fit pro potu.

One of the most favourable cases which I have seen of the *Psoas* abscess is the following:

A. J. a young man at the age of 25, was first seized with very severe pains in the loins and back in *January*, 1766.—These pains sometimes remitted, and were followed with shivering and heat alternately for a long time. In *August* 1767, he first perceived a swelling in the groin about the
size

size of a pullet's egg, this tumour became an abscess and pointing sufficiently it was opened by incision the latter end of *September* in the same year. A pint of well concocted pus came away immediately, and matter continued flowing from it in uncertain quantities and at different times for the space of two months. It soon after healed up, but broke out again in the same place in 1768.—Another abscess broke from behind just above the brim of the pelvis, and both discharged matter at different times. Several medicines were tried upon this patient but without any good effect, and at length I rested the whole upon *opium*, taking care to remedy his habitual costiveness by gentle aperitives occasionally. He began to take *opii gr. i omni nocte* in the beginning of the year 1768, which medicine was of the greatest service both in abating pain and in checking those profuse sweats which used to waste him. In the present year 1769 the dose of opium is increased to *two grains*; the patient is upon the whole much better though still drooping, and I have reason to think from the pains in his loins and limbs which neither opium or time can entirely remove, from his hectic look and other symptoms that the matter will collect again.—However at present (*May 20, 1769*) he seems tolerably well, and the case as favourable as he can expect.

Before I conclude this article it may be necessary to repeat the caution in respect to large abscesses on the abdomen.—These sometimes have been mistaken for internal abscesses, and indeed some

of them from the vast quantity of matter contained, and from the deep seat of that matter, may deceive even an experienced practitioner. As to the viscera they are very rarely affected, at least so far as to be discovered by any external tumour, except in some diseases of the mesenteric glands of a doubtful appearance, and when abscesses do form in them, the concomitant symptoms widely differ from those which demonstrate the *Psoas* abscess.

It is now time to finish this subject: We are always glad to turn our eyes from a dreary and melancholly prospects. Such are the circumstances of the *Psoas* abscess, a disease not very difficult to be distinguished though incapable of being cured: Yet it is a surgeon's duty to exert his utmost endeavours, and if all means fail of success, it still remains in his power to alleviate, at least by the tender offices of humanity, those miseries which gradually preying upon life baffle skill, and perplex experience.



Of Compound Fractures.

IN the study of every science and in the practice of every art it is indispensably necessary to have recourse to the first principles upon which each art or science is founded. Hence appears the great use of anatomy, especially in cases of chirurgery, because an accurate knowledge of the parts and vessels injured must be attained before we can undertake to remedy those injuries, or form any certain prognostic concerning the event of them.

This

This sentiment enforced by experience, and repeated by almost every author, ought always to influence the mind. And in no one point of practice is it of more importance than in fractures, which admit of such infinite variety and are attended with so many difficulties that the oldest and most expert surgeons are frequently at a loss how to proceed. In these cases therefore our reputation and success in a great measure depend upon our understanding very clearly the structure, uses, and connexions both of the bony fabric and of the muscles and ligaments, that in all exigencies we may be able to foresee and to form a judgment of those various mischiefs which happen from fractures and dislocations. When we are considering the probability of a fractured bone uniting, it is requisite that we should know the nature of Ossification, how much that property differs in young and old subjects, and how far it may be affected or retarded by some peculiar acrimony in the habit of the patient. In regard to the particular arrangement, and the description of fractures I refer to those systematical authors who have wrote professedly upon the subject, observing however that there is a material deficiency in all of them; which is not to be wondered at, when we consider how extremely difficult it is to point out with exactness and precision all those intricate, various, and uncertain circumstances attending these cases; insomuch that the most approved rules and observations will never be sufficient to direct us absolutely, the habit of different patients being too

much involved in the question. For after all we must be obliged to act in many cases [from immediate intuition as it were, the necessity of taking our resolutions not allowing us time duly to examine and compare all the symptoms which different accidents present to us, or to consider deliberately the consequences.

Of all difficulties the most important is to determine the propriety and necessity of amputation : On the one hand it is dreadful to take off a limb, and on the other it is inexcusable to suffer a life to be lost by deferring that operation. Surgeons are frequently perplexed and differ very much in deciding this point. If indeed we are to believe *Monf. Bilguer* * surgeon-general to the *Prussian* Armies, amputation is scarcely ever necessary ; even under some of the most deplorable circumstances of gun-shot wounds when the joints are hurt he forbids it, at least he persuades us to avoid the operation. But I fear that he carries this notion too far, which every man is apt to do who writes merely to establish a new or peculiar doctrine, though it must be confessed his book affords many useful cautions.

Many circumstances concur to perplex our judgment in deciding this capital point. As to the meer operation it reduces every thing to one certain principle, and puts an end to all difficulties and doubts in respect to the nature of the fracture,

* Vid. A dissertation on the inutility of amputation of limbs. By *Monf. Bilguer*. Translated from the Latin.—Printed for R. *Baldwin*, *Pater-noster-Row*.

for it is too late to reason after the limb is taken off. But then the apprehension of future mischiefs, and the impossibility perhaps of doing to-morrow what we hesitate in doing to day, are questions very important and intricate, which neither precepts or examples can clearly determine. We have seen instances of ill success from instant amputation, and likewise fatal consequences from omitting it. Cases seldom are exactly alike, and constitutions infinitely vary, so that it would be improper to attempt in one what might safely be achieved in another. There are upon record surprizing accounts of the renovation of bones, and of limbs dreadfully shattered being restored contrary to the expectation of the surgeon who has perhaps advised amputation to which the patient has refused to submit. Yet if some have been accidentally preserved by their obstinacy, many have perished by it. I wish it was in my power to write with more precision upon this important subject, but as I acknowledge the impossibility of laying down any certain rule for myself, I shall not presume to attempt it for others.

Nor is there much intelligence to be obtained from the most eminent authors. If we consult *Parey*, *Du Verney*, *Wiseman*, *Heister*, and others, we shall not find so much satisfaction as we might expect from men of their experience and abilities. Either they have overlooked the subject or have observed the extreme difficulty of explaining it in the manner they might wish. They speak in general terms only, and we are left at last to be guided
by

by our own experience according as the different circumstances of the accident appear. Mr. *Pott* indeed hath in a great measure supplied this deficiency in former authors, in an excellent work * lately published, and as it is by much the best performance on this subject that has yet appeared, I do most earnestly recommend it to the perusal of all surgeons, and shall quote a few passages applicable to my present purpose.

“ I use (says Mr. *Pott*) the term compound fracture in the sense in which the *English* have always used it, that is, to imply a broken bone complicated with a wound.

“ In this kind of case the first object of consideration is, whether the preservation of the fractured limb can, with safety to the patients life, be attempted; or in other words, whether the probable chance of destruction from the nature and circumstances of the accident, is not greater than it would be from the operation of amputation. Many things may concur to make this the case. The bone or bones being broken into many different pieces, and that for a considerable extent, as happens from broad wheels, or other heavy bodies of large surface, passing over, or falling on such limbs; the skin, muscles, tendons, &c. being so torn, lacerated, and destroyed, as to render gangrene and mortification the most probable and most imme-

* Some few general remarks on fractures and dislocations, by *Percival Pott*, F. R. S. and surgeon to St. *Bartholomew's* hospital.

diate consequence ; the extremities of the bones forming a joint, being crushed, or as it were comminuted, and the ligaments connecting such bones being torn and spoiled, are, among others, sufficient reasons for proposing and for performing immediate amputation. Reasons, which (notwithstanding any thing that may have been said to the contrary) long and reiterated experience has approved, and which are vindicable upon every principle of humanity, or chirurgic knowledge.

“ When a surgeon says, that a limb which has just suffered a particular kind of compound fracture, ought rather to be immediately cut off, than that any attempt should be made for its preservation, he does not mean by so saying, that it is absolutely impossible for such limb to be preserved at all events ; he is not to be supposed to mean so much in general ; though sometimes even that will be obvious ; all that he can truly and justly mean is, that from the experience of all time, it has been found that the attempts to preserve limbs so circumstanced, have most frequently been frustrated by the death of the patients, in consequence of such injury ; and that from the same experience, it has been found, that the chance of death from amputation is by no means equal to that arising from such kind of fracture.

“ Every man knows that apparently desperate cases are sometimes cured ; and that limbs so shattered and wounded, as to render amputation the only probable means for the preservation of
life,

life, are now and then saved. This is an uncontroverted fact, but a fact which proves very little against the common opinion, because every man of experience also knows, that such escapes are very rare, much too rare to admit of being made precedents, and that the majority of such attempts fail*.

“ This consideration relative to amputation is of the more importance, because it most frequently requires immediate determination ; every minute of delay is in many instances to the patient’s disad-

* The Baron *Van Swieten*, writing as many others have done, that is, theoretically on surgery, advises us, in the case of very bad compound fracture, which may most probably require amputation, to defer the operation, until we have tried the force of antiseptic fomentations and applications of like kind for two or three days ; and this opinion and advice he builds, in some measure, on a remarkable success of *La Motte*, in a seemingly desperate case, of a man’s leg mashed by the wheel of a heavy carriage.

That *De La Motte*’s patient escaped, I make no doubt, because he has said so ; but the surgeon shewed much more rashness in attempting to save such a limb, than he would have done in the amputation of it, the operation would have been the more justifiable practiced. With regard to the Baron’s advice, to stay two or three days, I take the liberty to add, that if you do that, stay several more, for at the end of that time (I mean two or three days) the patient will have very little chance indeed from the operation, much less than he would have had at the time of the accident.

I should be very sorry to be thought a patron or an adviser of rashness or cruelty ; but in what I have here said, I believe I shall have every man in the profession, who has either true humanity or sound judgment founded on experience, on my side.

vantage

vantage, and a very short space of time indeed, frequently makes all the difference between probable safety and fatality. If these cases in general would admit of deliberation for two or three days, and during that time such circumstances might be expected to arise, as ought necessarily to determine the surgeon in his conduct, without adding to the patient's hazard, the difference would be considerable; the former would not seem to be so precipitate in his determination, as he is frequently thought to be, and the latter being more convinced of the necessity, would submit to it with less reluctance. But unhappily for both parties, this is seldom the case; and the first opportunity having been neglected or not embraced, we are very frequently denied another. Here therefore the whole exertion of a man's judgment is required, that he may neither rashly and unnecessarily deprive his patient of a limb, nor through a false tenderness or timidity suffer him to perish, by endeavouring to preserve such limb. Some degree of address is also necessary upon such occasion, in order to convince the patient that what seems to be determined upon hastily and with precipitation, will not safely admit of longer deliberation."

Our ingenious author next proceeds to give directions for the treatment of compound fractures, recommending in these as well as simple ones a flexed position of the limb. This improvement which overturns the old system of practice ought to be adopted for the sake of the suffering patients,

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but

but I am afraid that this like other innovations will not be received so readily and speedily as might be wished. There may, it is true, happen cases which on account of the situation of the external wound will not admit of being placed according to Mr. *Pott's* rule : but in general I make no doubt of it's propriety and usefulness, and am so far convinced by the reasonings of this able surgeon that for the future I shall follow his directions in private practice and in the infirmary. As to the particular observations relative to the management of fractures, I refer to the book itself which coming from so great an authority will have better effect than any remarks of my own, though I must beg leave to offer some opinions which may tend to illustrate the subject.

It hath been observed by some surgeons of eminence, that when amputation is deemed necessary in compound fractures, the operation succeeds better in those cases wherein suppuration has appeared in consequence of delay by keeping on the limb, because, they say, the blood being reduced to such a state as to separate matter habitually, digestion becomes more easy in the stump afterwards; whereas in sudden accidents happening as they often do in full and plethoric constitutions, when the operation is immediately performed, the tension, inflammation, spasms and other symptoms, are much worse. This argument appears plausible enough, but is liable to some very material objections. In the first place, when the joints and ligaments have
been

been injured, there succeeds such a train of dangerous symptoms as renders it improper to wait for suppuration, and even induces a mortification. And again, admitting the contingency of matter forming, and the first fever from the violence of the accident subsiding, will not amputation excite new inflammation? May not the wound or contusion have already affected some of the adjacent nerves in such a degree as to occasion the necessity of immediate division in order to prevent the fatal effects of spasms and irritation? These considerations will rather urge us to dispatch, especially when the limb is absolutely condemned, and we wait not for any favourable alteration but only for the appearance of matter, and are endeavouring to lower the patient.

When amputation is judged improper and we agree to attempt saving the limb, numerous difficulties and mischiefs must be expected to ensue requiring all our skill and diligence to obviate the ill effects of them. The symptoms as they arise sufficiently indicate what remedies ought to be applied. For pain, and spasms, and delirium, *opium* must be given, not in small doses as common forms and a practice too timorous have prescribed, but in such quantities and so often repeated as to produce the desired effect a total cessation of the symptoms. One grain every hour and sometimes two grains are necessary. Along with this medicine we must enjoin plentiful dilution, and take care to keep the body moderately open. Bleeding and the antiphlogistic regimen are objects not

to be neglected. Upon the first examination of a compound fracture some doubts may possibly arise concerning the propriety of dilating the wound. Some practitioners are very cautious in using the knife considering the integuments and muscles as the natural compress to the bones, and not to be divided unless upon the most pressing occasions: These choose to wait till matter is formed and the abscess directs the incision. Others prefer bold openings to set the bones free and to prevent the possibility of matter lodging at all. I have most frequently thought proper to follow the practice of the former.

And here I must observe that a large quantity of matter forming or lodging in the wound is one of the principal inconveniences attending compound fractures: For as long as this flows profusely there is no probability of the generation of callus or of union in the bone. To remedy this evil we must make proper incisions to drain off the matter, carefully observing the position of the limb that these drains may be depending. The best time for making these incisions is when the tension and inflammation are abated, and the *cuticula* appears relaxed, (the surest indication for using the knife): We must likewise give the bark freely to strengthen the fibres and to correct the discharge. In respect to the formation of callus various difficulties occur. Instances have happened wherein unfortunately for the patient and for the reputation of the surgeon the broken bone has
never

never united at all*. In some the callus forms very irregularly requiring great care and equal pressure to prevent deformity. It may be asked whether the callus shoots more expeditiously in consequence of the end or points of bones being sawed smooth†; that it does so, is a general opinion which induces practitioners to be very solicitous in making the extremities of bones as even as they can. But however I must confess that I have met with great and sometimes insuperable difficulties in attempting to saw off the points of bones, and am convinced that the directions insisted upon in these cases, though very specious, are not always practicable or safe; and that it is much better to trust to future exfoliation, than by unnecessary violence in handling and jarring the bones under a pretence of sawing them, to run the risk of ex-

* There is now in this town a mason aged 50, who 20 years ago had a compound fracture of the os humeri about a hand's breadth below the head of the bone. Notwithstanding proper care and treatment the bone would never unite: but the external wound healing, a kind of joint was formed in the space between the fractured extremities, which being covered with callus the same as with cartilage is capable of free motion in all directions. The muscles act as ligaments, and the man can raise and carry a very considerable weight with that arm, labouring at his trade as usual. The sight is curious, and I wish he could be seen by the professors of anatomy in the metropolis.

† What becomes of the ossific juice from the extremity of a bone after amputation? We see no traces of it notwithstanding the end is sawed as smooth and even as possible.—Perhaps the discharge in the wound washes it away, as it does in compound fractures.

citing

citing pain and irritation : Nor have I yet seen an instrument of power sufficient to answer all the purposes which surgeons would have us attempt.

Some further remarks occur relative to that deluge of matter which forms in compound fractures, and absorption and the consequential mischiefs which arise from it. We frequently observe a putrid heat, fever, and diarrhea affecting the patient terribly by fits, and preventing every endeavour to unite the bone : For we must not expect that callus can be generated while the circulation is disturbed, the secretion of all nutritious juices being suspended till the blood is able to clear itself from foreign matter. But how are we to prevent this absorption ? I would answer by endeavouring to check the profuseness of the discharge, for matter when separated in due quantity only, never does harm. It is the superfluity which renders it of a bad consistence and noxious quality, and of course liable to be taken up by the absorbent system, and to be returned into the blood. We must aim therefore at two points : One is to check the quantity of the discharge, and the other, to hinder it's re-absorption. In the first intention the *cortex* with suitable regimen are necessary, in the second, proper bandage and compress; the great and important uses of which we shall explain a little more fully.

In all wounds and ulcers wherein matter is lodged, consider what passes in respect to the lymphatic

phatic system. There we are frequently to look for the *sedes morbi*. Let us take the management of any old ulcer, for instance, and we shall find the discharge greatly differing both in quantity and quality, affecting the health of the patient accordingly. If we enjoin confinement in bed, the matter will be often absorbed as it is in compound fractures from the same situation of the patient. But there is this material difference in respect to the formation of the matter, for the irritation in fractures is continually occasioning a fresh collection, whereas in ulcers of the legs that effect ceases in consequence of confinement and bandage. Now if we could use pressure in compound fractures (I mean above the wound) upon the same principles and with the same propriety as we do bandages in ulcers the cure would be happily accelerated, because the matter would be intercepted in the absorbent system and prevented from returning into the blood. Mons. *Bilguer* speaks to the same effect* “a moderate compression of the neighbouring parts contributes to prevent the re-absorption of purulent matter §.”—An affair of very great consequence and requiring the utmost attention.

If

* Page 54 of the translation.

§ The doctrine of absorption though generally received amongst surgeons, is involved in some obscurity. I have often had reason to doubt when symptoms of fever have been ascribed to an absorption of matter, that there has been in reality no matter at all separated from the blood; and that the ineffectual efforts of nature to do it, are the cause of those shiverings which precede the fever from supposed absorption.

Nor

If we examine more closely the usual process followed in the cure of ulcers, we may perhaps deduce some hints to assist us in our present enquiry. After the first intentions of abating inflammation and softening callous edges, by rendering the obstructed vessels pervious, are effected, we next endeavour to increase our bandage. This serves two great purposes, both by compressing artfully and gradually the whole arterial tube from whose ramified extremities matter is discharged, and likewise by strengthening the lymphatic system and preventing that erosion which matter occasions and that accidental absorption which may possibly take place. This is the principle upon which laced stockings are used, and the same intention may be pursued with advantage, under proper restrictions, in compound fractures when the discharge of matter is too copious. For this purpose the eighteen tailed bandage described by Mr. *Pott* should be made broad enough to extend from joint to joint, that compresses dipped in brandy and vinegar may be applied to any part of the limb, and confined with a sufficient degree of pressure to answer the end we aim at. In short, the great discharge of matter is the principal inconvenience, and therefore the event of a compound fracture may be soon determined; for if the matter is mo-

Nor does this objection in the least contradict the opinion justly entertained by anatomists concerning the offices of the absorbent vessels, which undoubtedly do convey certain fluids to the blood, though not always do they return what has been already separated from it by the power of the circulation, or the *vis vitæ*.

derate

derate in quantity and decreases daily the case will be fortunate, if the discharge continues to deluge the limb we have reason to dread the consequences.

I shall now mention some cases as concisely as possible, that from a general view the young practitioner may form an idea of the difficulty, danger, and duration of them by comparing the events.

On *July* 20, 1758, *T. E.* was brought into *St. George's* hospital* with a compound fracture: both bones were broke near the ankle joint, but the wound through the integuments was not large, neither did the bones protrude, and there was no hæmorrhage.—*V. S. statim.* The chief surgeon coming soon after placed the limb in a fracture box raised, and applied compresses dipped in an embrocation above and below the wound.—*V. S. repet. Haust. Anod.*—21. *Haust. Purg.*—22. *V. S.* Matter being collected amongst the tendons the surgeon made incisions on each side of the leg, and took out a splinter from the fibula — *Aug.* 8, the matter from the two incisions having communicated under the *Tendo Achillis* a seton was passed to encourage a free discharge. From *Aug.* 18th. to the 31st. the quantity of matter decreased, injections were ordered in the interim, notwithstanding which a sinus formed and was laid open on

* The cases at *St. George's* hospital are collected and abridged from the memorandum book kept by the author while house-surgeon there in the years 1758 and 1759.— These cases were under the direction of *David Middleton, Cæsar Hawkins, William Bromfield*, Esqrs. and Mr. *William Hewitt*, at that time surgeons to the hospital.

Sept. 4.—On *Sept.* 26, a steel machine was ordered to secure the leg from injuries, and the patient was discharged.

Aug. 21. *F. F.* brought in with a compound fracture, but no protrusion of the bones or hæmorrhage—treated by the same surgeon in the same manner.—*Sept.* 23. *Emplast. Robor.*—27. Allowed the patient to sit up.—*Oct.* 10. Discharged him cured.

Aug. 18. *J. B.* was brought in with a fracture of the os ilium.—The wound was dilated, and fomented, and *V. S.* and the antiphlogistic regimen prescribed.—*Aug.* 28. Matter lodging, the wound was again dilated freely.—*Sept.* 2. The patient complains of a cough. *V. S.*—3. Fever very high.—4. Discharge stopped.—5. 6. 7. Seized with a troublesome cough, owing, as I supposed, to the tendinous expansion of the abdominal muscles being irritated. *V. S. Linet. Oleos.*—9. Great hæmorrhage from the wound.—10. *Obiit*.*

March 15, 1759, *C. L.* brought in with a compound fracture of the leg occasioned by a cart

* *September* 11th, On examining the body of *J. B.* I found the intestines in general, and particularly the *colon* at the part which lay next the wound in a state of mortification. The lungs adhered to the pleura on the right side with appearances of disease. The right *os ilium* was fissured on the superior spine, and some splinters were broke off. The wound was in a state of sphacelation. It seemed evident that this man did not lose his life merely from the wound or fracture considered abstractedly, but that the force which broke the spine of the ilium must likewise injure fatally the contents of the abdomen and pelvis by a general contusion.

wheel

wheel running over it : the tibia was broke near the middle, the external wound was an inch in length, and though the bone did not protrude yet it pressed hard against the integuments which were greatly contused.—16. The wound was dilated, and doffils of lint were applied upon the sharp extremities of the bone.—19. Fetus.—22. Shiverings.—23. Wound dilated more, matter increases.—24. Shiverings continue with great discharge.—25. Delirium, pulse quick, ordered *opium* in doses of one grain frequently repeated, which relieved the delirium ; the wound offensive.—26. Shiverings, ordered *Cort. Peruv.* with *Conf. Card.*—28. Shivering fit returned violently.—30. *Obiit*.*

April 3, F. A. brought in with a compound fracture of the leg. The tibia was broke and splintered just above the ankle, and the lower extremity of the fibula likewise, both being forced through a large wound in the integuments. Amputation was performed below the knee, the operator using the artery forceps to draw out the blood-vessels, and enable him to avoid inclosing the nerve with the ligature. The patient had violent pain after the operation, and some hæmorrhage. *V. S.*—5. *Delirium* and pain last night. *V. S.* in the evening —6. Stump swelled, but little discharge.—7. *Delirium* last night. After eating his breakfast

* *April 1st.* The body was opened but no discovery made of the apparent causes of death.

with a kind of convulsive eagerness he suddenly expired †.

April 26. A boy was brought in with a compound fracture of the *os Humeri* just above the elbow. The method of treatment succeeded very well in every point, and on *May 17*, he was discharged cured.

May 1. A man brought in with a compound fracture of the leg: the wound large and near the ankle. *V. S.*—2. *V. S.*—3. *V. S.*—5. *V. S.*—9. *V. S.* the wound dressed lightly with compresses dipped in brandy above and below.—10. Spasms and starting which displaced the limb: ordered *opium* in doses of one grain occasionally.—11. Better.—*July 11th* Cured.

May 18. A man came to the hospital with a contused wound on the elbow from a hedge stake, the parts were much swelled. *V. S. Mixt. Purg. Catapl. Discut.*—19. The surgeon made an incision and discovered the olecranon to be fractured in so bad a manner as to draw from him an unfavourable prognostic.—20. *V. S. Fotus. Catapl. Opium, Mixt. Purg.* occasionally.—22. *V. S.*—24. Some small splinters of bone removed.—26. Inflammation, tension, and fever in a very high degree; pulse languid, discharge thin.—27. 28. Delirium.—29. 30. 31. Tension, pain, and delirium in spite

† *April 7th.* Upon examining the body of *F. A.* I found an inflammation and adhesion on the right lobe of the lungs, but no appearances sufficient to account for his death—perhaps the irritation on the nervous system was the cause.

of

of all remedies and applications.—*June* 1. A very deep and bold incision made upon the tumified part, and some matter discharged.—2. Tension and inflammation abated; patient very low; the discharge copious—3. Profuse sweats.—6. *Obiit*.

Aug. 20. A young man came into the hospital who by a fall from a coach-box had received a very great contusion on the elbow: *V. S. Catapl. Opium. Haust. Purg*—21. The swelling being abated the *Olecranon* was upon examination found to be fractured.—22. The patient restless, and was always throwing his arm about very violently, though properly attended and cautioned to keep it still *V. S.*—23. Early this morning the patient was seized with a delirium which increased to a surprising degree in a few hours. Judging it to proceed from irritation, recourse was had to *opium* in large doses, by which means the delirium was abated, but in the evening he was seized with convulsions and died *.

Sept.

* On dissecting the arm I found the *Olecranon* broke obliquely and much splintered: The ligament of the joint was lacerated together with the head of the *Anconeus* muscle, and the ulnar nerve had consequently been injured. There was great extravasation amongst the muscles all up the limb, and from the violence of the fever the body was rendered extremely putrid.

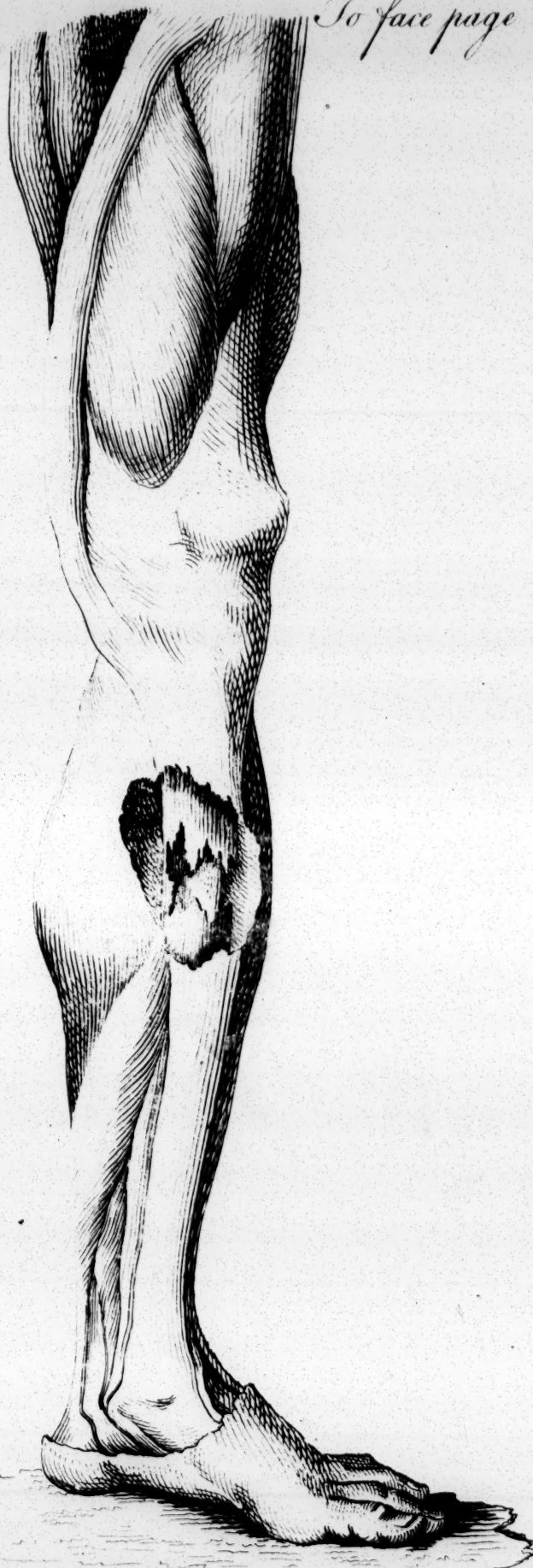
And here I must observe that no cases are more dangerous than injuries of the joints, and none more disagreeable and indeed disreputable to the surgeon, who if he is lucky enough to save his patient yet generally suffers in his credit. Every deformity and inconvenience which remains is attributed to
unskilfulness,

Sept. 6. A woman brought with a compound luxation. The foot was turned inwards and both bones were thrust through the skin at the outer angle. The *Tibia* had forced the *astragalus* along with it under the tendon of the *extensor muscle**. On the 7th amputation was performed, but the operation proved unfortunate, for on the 17th shivering fits came on, and on the 23d the patient died.

On July 15, 1768, a man (60 years of age) was brought into the *Birmingham* town-infirmiry, who by falling down into a draw-well 90 feet deep fractured his left leg in such a manner, that from the distance of about five inches below the knee to nearly the same space above the ankle, both bones were broke in different places, and several portions separated from each other. There was a very large wound through which the *Tibia* protruded. The fracture at the upper part of the *Tibia* was oblique, and I was fearful that bone was shivered or split as high as the upper condyl, but however upon carefully examining, I was convinced that the joint was not injured. The same favourable escape happened at the ankle, though the fibula was fractured very near it. I dilated the wound and took out the splinters, and laid the leg in as convenient a situation as I could in a fracture-box. The upper fracture appeared as is represented in the plate annexed. But the distance between the unskilfulness, though in these circumstances it is frequently impossible to prevent an *Anchylosis*, or to restore the free use of the limb.

* Vid. Medical Miscellany, page 121.

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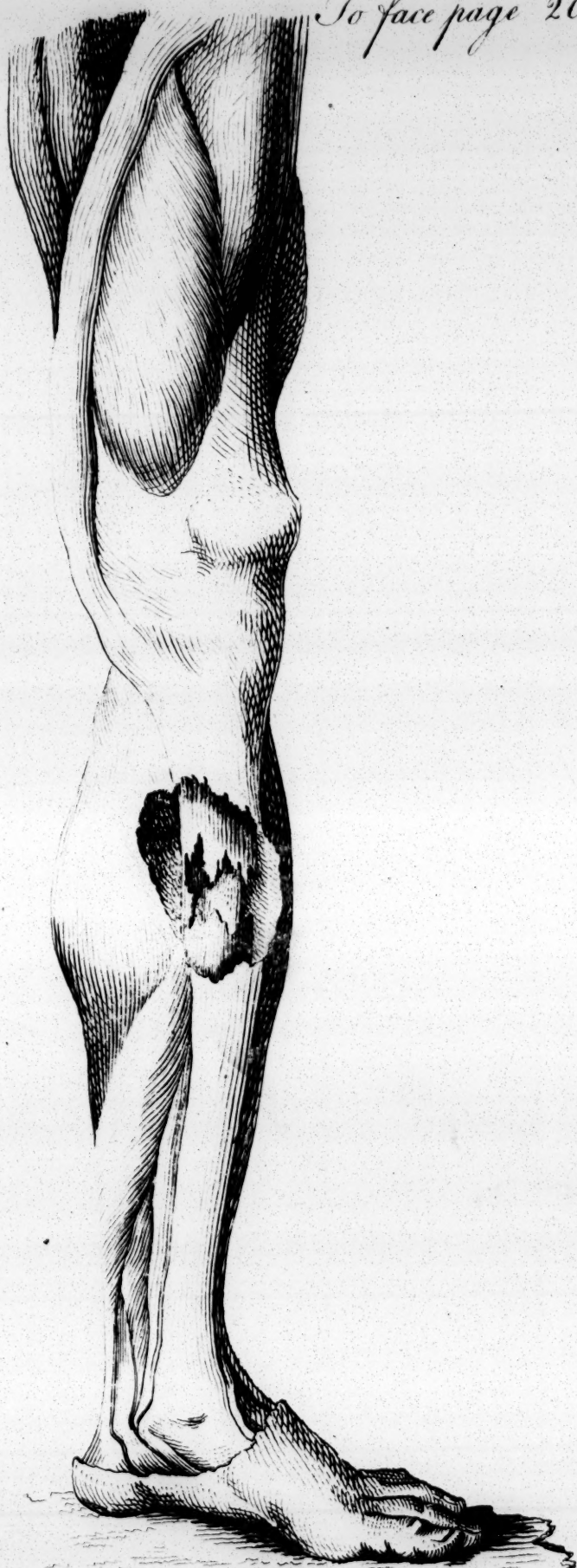
Westwood Sculp.

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bones in a few days became less, their extremities being drawn together by the contraction of the muscles*. The first grand point to determine was, whether amputation should be performed or not. Many reasons occurred on both sides the question, but the arguments for keeping on the limb preponderated from the following considerations: In the first place, the joints were uninjured and there was no very great contusion, and scarce any hæmorrhage; and again, though the advanced age of the patient might be urged as an objection, yet on the other hand his constitution was strong and his spirits remarkably good; the opinion too of *Monf. Bilguer* in respect to these cases, and the remembrance of many examples quoted by authors wherein the bones had been, beyond expectation, united, and deficiencies and loss of substance supplied, pleaded very strongly in favour of our attempting to save the limb, which was after due consultation agreed upon.

We foresaw the trouble which this lenity would bring upon us, and indeed every difficulty which might be expected did every day present itself to us. A deluge of matter overflowed the wound, and notwithstanding all the precautions used, both in making incisions and applying compresses we could

* This contraction of the muscles is always very powerfully exerted in all fractures, and is best remedied in a flexed position of the limb. As to *Mr. Wathen's* machine I dare not apply it on account of the contraction of the muscles, for fear of giving pain: It is useful chiefly for removing the patients.

not

not prevent the mischiefs which happened. A recital of each minute proceeding would be tedious : suffice it say, that after 12 weeks sufferings, symptoms of absorption came on, and I found it necessary to amputate above the knee at last. The operation was performed on *October* 10th. The stump healed tolerably well, but unfortunately the patient fell ill of a fever and died on *January* 12, 1769 *.

From these foregoing remarks and cases it will appear how difficult and uncertain all our decisions prove in compound fractures. It is said that country practitioners have in general better success than hospital surgeons in treating these accidents, but to what this success is owing I cannot say, unless the difference of air gives the advantage. Nor is the fact itself absolutely certified, because the proofs must depend upon an exact compari-

* I will add an observation or two in a note.—I have found in amputations when the blood of the patient is very thin, troublesome and dangerous hæmorrhages ensue from the whole surface of the stump. Several methods have been recommended to obviate this inconvenience, sponge has been tried, but it proves sometimes insufficient and creates much difficulty by mixing with the fleshy fibres. The best prevention is by rollers passed round the body and carried down the thigh, with a compress all along the crural artery. This pressure may be increased or slackened *ad libitum*.—In compound fractures I have observed oily particles amongst the matter discharged, these probably are from the cellular substance dissolving. In wounds this appearance has been reckoned by some old surgeons as a *signum sanandi*, but for what reason I know not.

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son in respect to the number of cases in each situation, which has not yet been made. As to care, skill, convenience, and every other requisite for the welfare of the sick, hospital-practice must surely claim the preference.

We see upon the whole that the propriety of our determinations in every doubtful exigence cannot be ascertained by the events. In the last mentioned instance we acted from the strongest conviction of doing right, of doing for the patient what we would have done for ourselves under the same circumstances. Had we proceeded otherwise and taken the shortest and easiest method, that of amputation, whilst there was a probability of saving the limb, though our practice might have been more successful I cannot think it would have appeared quite so justifiable, or consistent with the rules of chirurgery and humanity.



Succinct account of the state of diseases in Birmingham in 1768.

IT is observable in general that the situation and air of *Birmingham* render the town very healthful, and that the employment of the working people does not expose them to diseases or accidents, but is rather a means of their preservation from both, except in the guilding and painting business from the use of mercury and lead; and these branches bear but a very small proportion comparatively with the rest. Epidemical distem-

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pers rarely infest this place, and there is none that can be strictly called endemial, therefore the mortality is not so considerable as might be expected from the multitude of inhabitants*.

The best and surest method of forming an estimate concerning the prevailing diseases at any time in any populous town, is to examine the state of health amongst the poor : for this class of people from their circumstances and situation, destitute of proper nourishment and convenience, crowded too much together in close habitations, are unavoidably most exposed to every insalutary influence of the atmosphere, and consequently feel the first effects of any epidemical constitution in the air, that can infect human bodies. The state of the poor in respect to distempers, is therefore the criterion by which we are to determine the state of health in general, for as to private practice it is divided into too many hands to allow us to make from the reports of individuals such calculations as can be depended upon.

If we are to judge from this principle, it will appear that the town of *Birmingham* was very healthy during the year 1768. There was indeed a continual succession of wet weather which in the country was productive of putrid diseases to a great degree, but this infection did not reach the town. The number of fires constantly kept here both for convenience and for carrying on the manufactures, did

* *Birmingham* is supposed to contain about 40,000 Inhabitants.

most probably contribute to the safety of the people : at least I could assign no better reason to account for that remarkable difference in respect to distempers which was apparent in town and country in the course of the year now mentioned. The sick-list for the paupers was much inferior in number to what former years have produced : in the year 1766 the town relieved 1022 sick objects, viz. in-patients 270—out-patients 752—but not near so many in 1767, and in 1768 fewer still. The same hitherto may be said of the year 1769 for in this present month of *June* there is not above four or five upon the out-patient list ; but the number is always fluctuating.

The diseases of the paupers here arise chiefly (as is the case in all manufacturing towns) from bad diet, uncleanness, and close crowded rooms, the consequences of that distress which intemperance and a wrong use of the produce of labour occasion, rather than any real want : and in general these diseases become of a putrid nature. Hence it happens that reports are frequently spread of epidemical fevers prevailing, when no such diseases exist in the place, except in appearance only from the above-mentioned causes. The cure of these distempers consists more in management and regimen, than in medicine. Remove the sick to the infirmary, allow clean linen and good beds, with gruel and suitable nourishment, and they soon recover. Our *Pharmacopeia Pauperum* contains but few medicines, remarkable rather for use and

efficacy than for pomp and form. Very few accidents happen here notwithstanding the populousness of the place and its environs. There are some diseases which we scarce ever see, particularly the stone: not one instance has occurred amongst the paupers for the space of nine years, while I have been employed as surgeon to the infirmary. I suppose the exemption from this torturing malady, is owing to the quantity of mild malt liquor usually drank here by the lowest of the people. But this beverage, if it does not produce the stone, when taken in excess brings on other diseases equally fatal though perhaps slower in their progress, and more delusive in their effects.

In the treatment of fevers in the infirmary I have found good effects by observing the cool regimen, as recommended by the best practitioners*.

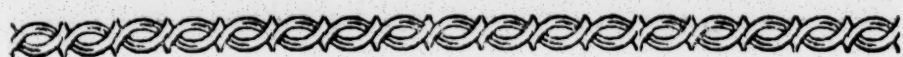
I thought that pulmonary complaints occurred more frequent than usual in the year 1768, but whether from that general scrophulous disposition prevalent amongst the poor, or from any effects of the wet season I could not determine.

These are the most material observations which the state of health gave rise to, there was nothing

* Here I beg leave to recommend an improvement in respect to liquors drank in putrid fevers; instead of *toast-water* let a very slight cold infusion of the Peruvian bark be made in the proportion of half an ounce of bark to two quarts or five pints of water, to be drank cold; it proves an agreeable beverage and assists in all intentions where the bark is proper. This hint is taken from the ingenious Dr. *Vaughan*, of *Leicester*.

remarkable

remarkable produced, and consequently the description cannot be very interesting. Future years in so large a place may perhaps furnish more ample matter for medical enquiry and disquisition.



Epitome of Anatomical Lectures.

—VELUT ITER MONSTRANTE.

THE maxim—*divide & impera*, is equally just in science as in politics : and in no branch is it more applicable than in anatomy. The mind upon a general view of the wonderful and complicated structure of the human body, seems to have it's powers suspended in astonishment, and despairs of arriving to a knowledge of that intricate machinery which infinite wisdom hath framed. But this gloom of despondency vanishes by degrees, when we begin with the first principles and separate the parts which compose the stupendous whole, taking them to pieces one by one, arranging them in proper order, and examining each of them distinctly. Diligence then surmounts all difficulties, combinations are disentangled, the gradual improvements of successive ages are explained, and by an attention to nature and the assistance of authors, the object becomes more and more familiar and agreeable. Some will often atchieve by labour and industry what by natural genius they could never attain. He that is not capable of making new discoveries, may by dint of application and practice learn to trace those lines
which

which others have drawn. Actuated by these sentiments, and by a desire of instructing the young gentlemen of the faculty educated here, a course of anatomical lectures was attempted at *Birmingham*, during the winter season, upon the following plan.

Hippocrates having divided the human body into solids and fluids, the whole may properly be described according to *Heister* under these general heads.

OSTEOLOGY,
SARCOLOGY,
SPLANCHNOLOGY,
ANGIOLOGY,
NEUROLOGY,
MYOLOGY,
ADENOLOGY.

This was the order laid down, though it must be observed that it is impossible to pursue it exactly, or to treat of each division altogether separately and independently of the rest, on account of that connexion which one part hath with another, and the necessity of varying the subject now and then as opportunities of procuring bodies occur. These reasons will ever occasion some diversity in the method of teaching anatomy, but though we may be obliged to wander irregularly in this extensive field, yet at length we may take a just survey of the whole.

As I attempted only to find the parts and to exhibit a view of them, I was sensible that the subject

ject could receive very little illustration from my labours, and therefore it became necessary to select the best authors as guides and instructors to myself and others in this undertaking. *Iyferus* in his *Cultrum Anatomicum* has attempted to shew the method of dissecting the body, but his work is very irregular and imperfect, and it is to be wished that some able anatomist would supply this deficiency. In respect to description and accuracy the indefatigable *Winslow* deserves the preference; in physiology *Haller*. Other authors of eminence who flourished in the last as well as the present century may be consulted with great advantage, namely, *Harvey*, *Bartholin*, *Glisson*, *Lower*, *Willis*, *Pecquet*, *Malphigi*, *Keil*, *Ruysch*, *Heister*, to which we must add *Hunter*, rendered famous by those lectures from which thousands have been instructed. Many of these authors were academics, men celebrated for classical erudition as well as anatomical skill, who pursuing with equal ardour and success the track discovered by *Harvey*, have made great and valuable improvements in this science.

In describing any particular part or branch of anatomy, I always chuse to follow that author who has wrote more expressly on the subject in question: for instance, in osteology *Monro*, in the hepatic system *Glisson*, in the myology *Douglas*, it being reasonable to suppose that their abilities and attention confined to one point, would of course be exerted with more vigour and effect. For much
the

the same reason I prefer the accounts given by the original discoverers in explaining the objects of their enquiries, as *Pecquet* in the *Ductus Thoracicus*, and others, because as they were animated with some degree of enthusiasm their descriptions are more lively and exact.

Justly considering the lectures given here only as a preparatory school in which the pupils might qualify themselves for a better, by having terms of art explained, and proper authors recommended, together with a familiar view and description of the different parts of the body, I endeavoured to be as concise as possible. The whole scheme was included in twenty-eight lectures delivered weekly: the particulars of which when enlarged and corrected by the experience of another course, if time will permit, may perhaps be published upon some future occasion. In all large towns wherein a number of young surgeons are educated, a design of this nature will be found useful, and therefore this is mentioned as an example only, of what may be done with more advantage and ability by others, especially in the theatres of hospitals.



* *Case of an uncommon Tumour.*

A Lady about thirty years of age who from her infancy had been often subject to inflammatory complaints, had, about five years ago, a severe rheumatic fever which continued two or three

* Communicated by an eminent surgeon.

months.

months. After her recovery she grew very fat, but remained at times frequently indisposed with loss of appetite, dejection of spirits, and an inability to bear much exercise.—Upon her return from a journey in *August* 1767, she complained of a pungent pain below the shoulder-blade whenever she lay in bed.—Upon examination a tumour about six inches long and three inches broad of the size and shape of half a melon was very evident on the left side between the scapula and the vertebræ, extending itself below the scapula.—A fluctuation of some fluid was very perceivable, though the integuments were not thin but the tumour felt remarkably cold, like a bladder of cold water.

In hopes that this tumour might be of service to her complaints in general, various methods were made use of to bring it to a state of maturation.—Penetrating liniments and warm irritating plaisters were applied but to very little purpose: the liniments would not lie on the part but run off in a curdled form, and plaisters though of ever so adhesive a quality when applied to other parts of her, would not however stick upon this tumour. Finding it in vain to expect much from applications, it was determined that they should be left off, and the tumour rubbed twice a day with a flesh brush, the use of which was likewise discontinued after a time as it produced no alteration.—In the *February* following, she was seized with a severe troublesome cough, attended with a pain of the side, and between the shoulders.—The



usual methods relieved the cough, but upon examining the part where the tumour was situated, no remains of it could be found, nor was there any pain upon pressure.

She went into the country, but found her appetite for food grew daily worse, particularly after exercise. She had transient pains all over her, which after three months fixed in her feet, and became so very excruciating as to be relieved only by opiates.—Her stomach and breathing were often affected, and were eased only by the use of *philon. lond.*—In this manner she continued for the space of between two and three months when being worn out with pain and loss of strength she died in *August 1768.*

As the tumour on the back had vanished so long before her death, there was no permission given to make an incision into the part to examine whether there was any cyst or other appearance to determine the nature of it.



An Essay on Salep, by S. F. Simmons.

Bishop's-Gate-Street Without, 1768.

THE inhabitants of *Turkey, Persia*, and other parts of the East have long esteemed Salep as a powerful restorative, and considerable quantities of the root have been consumed by those nations. Their example has been much, though not so generally imitated by the *English* since the first introduction of *Salep* into this part of *Europe*. We
receive

receive it from *Turkey* in roots, which, though possessed of no smell afford an insipid taste not very different from that of *Gum Tragacanth*: and on a nice enquiry between *Salep* and the *Orchis* of our own country, and a critical examination of their respective qualities, the virtues of each appear to be in some degree similar. Several botanical writers have given, on account of this resemblance, to both the appellation of *Orchis* with proper distinctions: the species of *Orchis* or *Satyrion* being numerous; but that spoken of here as similar to *Salep* is the male: the skin of which being taken off by a maceration of the plant in warm water, the root is suspended and dried in the air*: after this preparation it is converted, as is *Salep*, by the assistance of hot water into a mucilage.

Serapias, *Salep*, *Saleb*, or *Salop*, as it is differently written by different authors, is to be procured and seen growing in various parts of *Turkey*, *Persia*, and *Syria*; but found in the most considerable quantities, as *James* assures us, not far from *Constantinople* on the mountains of *Bursia*; and as it necessarily passes through several hands before it reaches us, is often counterfeited by roots, which, when dried, resemble it in external appearance, without possessing its restorative quality; and the compositions daily sold in the several streets of *London* by its name, are no other than decoctions of cheap, and *perhaps*, wholesome woods rendered palatable by suitable additions.

* New Dispensatory.

From the *Turks* who first made use of this plant the *English* have copied the methods of compounding it in order to render it agreeable to the palate : and for that purpose we find it often mixed with milk, sugar and aromatic spices with wine or orange juice.

The powder of the root dissolves by the assistance of heat alone, and in cold water or proof spirit it subsides to the bottom : by experience hot water gradually applied, proves a menstruum the best adapted to it. A tea spoonful of the powder is a quantity sufficient to inspissate half a pint of water.—Thus dissolved it appears to be well disposed for assimilation, and to that end requires but a feeble assistance of the digestive powers ; hence the reason is apparent why in a state of debility, this and other liquid aliments, as broths, jellies, &c. best correspond with the efforts of nature, and prove the most nourishing.

Geoffroy has recommended *Salep* in dysenteries ; a recommendation which its tenacious and lubricating qualities seemed without doubt to entitle it to.

As it produces no effervescence when combined with an acid or alkaline matter, its property of obtunding acrid particles lodged in the primæ viæ evidently appears : thus copious and frequent draughts, of which *Salep* must be the basis, may be prescribed with advantage in all disorders arising from a spontaneous acid or alkaline cause.—In
which

which the fluids degenerate gradually from their healthy and balsamic to an acrimonious and corrosive nature.—Hence the containing vessels from the impurity of the humours circulated through them and a consequent diminution of their due nourishment become less elastic and in the capillary vessels a total abrasion ensues.—The powder has been prescribed successfully to children in doses properly increased to the age of the patient to be taken twice a day ; and acidities in the primæ viæ have been removed by its means. The *Turks* have regarded it as capable of exciting venery and preventing abortion.—Suppositions, I believe, not arising from experience but imagination.—The nutritive power which *Salep* possesses, bespeaks the advantage those persons may expect to receive from a continued use of it, who labour under a decay of constitution or are by any means enfeebled; it may be drank for breakfast instead of tea*.

General

☞ By a note from a gentleman whose intelligence cannot be disputed, I am informed that the practice of placing a fractured limb in a flexed position was begun by Mr. Girle, of St. *Thomas's* hospital, twenty years ago.

* A correspondent who signs himself *Misopseudos*, after inveighing with some justice against the frauds of itinerant druggists, proposes a compendious review of the *Materia Medica* in order to point out the true qualities of each drug and to detect impositions. This gentleman under the article *Cortex Peruvianus* observes, that, “ a few years ago a spurious bark was imported from *America*, very like the true *Quinquina* ; but the college of physicians being apprized of the fraud, published a caution against it, which deterred the druggists for a time from vending a drug recently condemned

General remarks on medical books in 1768 and 1769.

THAT the strict maxims of prudence by which individuals should be influenced, are sometimes inconsistent with public utility, is an observation verified in the case of medical authorism. For no man who consults his own interest, his ease, or his fame would write in the profession of physic, at a time when knowledge is become more

demned *ex Cathedra*. However, the *Spanish* war breaking out, the price of bark was so much advanced as to tempt the druggists to mix this spurious sort with the true, to the great disappointment of practitioners in physic."—Some further intelligence of this nature will be acceptable from *Misopseudas* who deserves the thanks of the faculty, and I am sorry there was not room to insert the whole of his letter.

In this note I must likewise take notice of another correspondent who has sent some more queries. As to his questions concerning the gout, I must refer him to authors. *Lieutaud's Synopsis* will afford him some satisfaction.

First Problem. Why mercury rubbed down and divided into as fine globules or parts with calcareous earth (as in the *Merc. Alcal.*) is not as active a medicine as it is when divided by any viscid substance as *Saliva*, *Gum. Arab.* &c. this latter, experience tells us is a very powerful medicine in the venereal disease; whereas the other has but little effect?

Second. How are we to account for a small quantity of blood evacuated from the nostrils, &c. curing internal inflammations, pleurisy, &c. when twenty times the quantity from the arm does not effectually relieve?

* * * *The letter signed A. B. from the Newcastle Coffee-House, Billingsgate, could not be attended to in the manner the writer requested.*

general,

general, and men brought more to a state of equality by the opportunities of improvement which public lectures and hospitals afford. But then the world would be deprived of many useful productions, if the timidity and caution arising from a prospect of the numerous difficulties medical authors must encounter, were to prevail. The very nature of their task will not admit of those ornaments and figures which happily are made use of, to render other compositions successful; invention cannot enliven the work with its striking novelties, and the fire of genius becomes extinct in the meer narrative of dry facts and dull experience. The medical writer risks his reputation, sacrifices his time, and incurs expence by his labour. Nor are these all the mischiefs to which he is exposed; a tribe of anonymous critics will sometimes wantonly attack him.

Necdum etiam *geminos a tergo respicit angues.*
Omnigenumque Deum monstra, & *latrator Anubis*
Tela tenent. Virg. Aen. 8.

Under all these disadvantages he is surely entitled to the candour, indulgence, and protection of the public.

In respect to the new physical books in 1768 and 1769, I can at present insert only their bare titles in the note below*, marking such of

* The following are all the medical books which have come to my hands as published in 1768 and part of 1769.

1768.—A full and plain account of the gout. By F. Warner.

*Medical

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of them as I think deserve the most attention: And now I conclude this volume with declaring the conscious satisfaction I feel in endeavouring to set an example of industry and application at least, although I may perhaps be reckoned by some amongst the number of those writers whose zeal hath exceeded their abilities.

*Medical transactions. By the college of physicians.

*Formulæ Medicamentorum. By H. Smith, M. D.

*Gooch's Surgery, 2 vols.

A Dissertation upon the nerves. By W. Smith, M. D.

System of Physic, quarto. By the same.

Essay on Fevers. By Dr. Chalmers.

**On the Diseases in hot Climates. By Dr. Lind.

On Inflammations. By Dr. Magenise.

Libellus de Scorbuto. By Dr. Hulme.

*On the Dropsy of the Brain. By Dr. Whytt.

*On puerperal Fevers. By Dr. Denman.

*Essays Experimental, &c. By Mr. Alexander.

A Treatise on the Teeth. By T. Beardmore.

Dr. Haen's Ratio Medendi, vol. XI.

An Answer to Mr. Kirkland's Essay. By Mr. Maxwell.

1769.—Mr. Kirkland's Reply, by way of Dialogue.

Remarks on Warner's Account of the Gout. Anon.

A Compendium of Physic and Surgery. Anon.

A Treatise on Fevers. By J. Gibson, M. D.

An Essay on Acids. By Dr. Farr.

*Remarks on Fractures and Dislocations. By P. Pott.

*Experiments and Observations on Water. By Dr. Percival.

**Observations on the Asthma, &c. By Dr. Millar.

Thoughts on Brightelmstone and sea bathing. By Dr. Awfitter.

*A Treatise on the gout. By Dr. Caverhill.

Practical Treatise on the Scurvy. By Dr. Jervey.

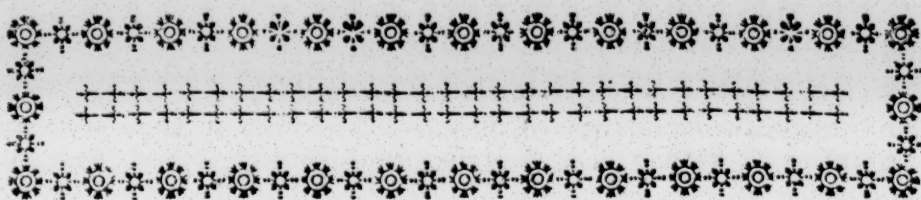
On the Endemial Colic of Devonshire. By T. Alcock, M. A.

An Essay on the Bronchocele. By T. Proffer.

*Physiological Essays. By Dr. Stedman.

Goulard's Treatise on the Effects of Lead. Translated.

F I N I S.



T H E
A P P E N D I X
T O T H E
M E D I C A L M I S C E L L A N Y .

ACCORDING to the original plan of this work, the Author would wish to continue the Medical Commentaries in a regular series; but as in the space of four years the list of new Medical Books is swelled to an enormous number, it is now impracticable to give a particular account of each, and therefore this part of our work must be imperfect. The task of a Censor or Critic is, indeed, of all others, the most difficult and disagreeable, requiring such extensive and various abilities as few men possess; and unless fair extracts from the different publications could be given, both the Authors and the Public would be injured by the attempt. From the year 1769 to 1772 inclusive, a bare catalogue only can be exhibited.

¹ **M**ORAL and Medical Dialogues, by Charles Collignon, M. D.

² Observations on the Duties and Offices of a Physician, by Dr. Gregory.

³ Arnaud's

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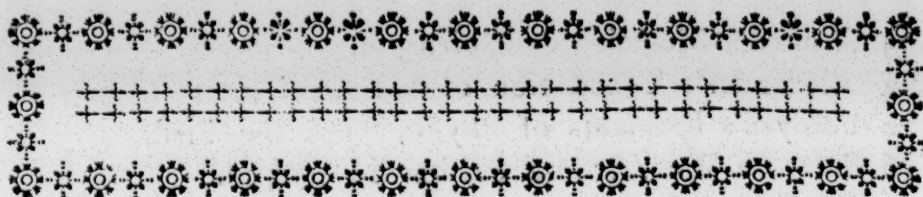
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³ Arnaud's

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- 3 Arnaud's Memoirs de Chirurgie.
- 4 Alexander's Translation of Morgagni.
- 5 Fordyce's Elements of Physic, Part the First.
- 6 Batty on Weather and Seasons in Dublin.
- 7 Charleton on warm Bathing.
- 8 Oratio Anniversaria Herveina, by Swithin Adee, M. D.
- 9 Northcote's Marine Practice.
- 10 Else on the Hydrocele.
- 11 Kirkland's Observations on Pott's Treatise.
- 12 London Practice of Physick.
- 13 Monro on Mineral Waters.
- 14 Dr. Caverhill's Experiments.
- 15 Alston on the Materia Medica.
- 16 Dr. Falconer on Bath Waters.
- 17 Buchner on teaching deaf Persons to hear.
- 18 Dissertation on Velno's Vegetable Syrup, by J. Burrows, M. D.
- 19 A Letter to Cæsar Hawkins, Esq; by Charles Hales.
- 20 History of the Royal Academy of Sciences at Paris, for 1766.
- 21 Rowley on sore Legs.
- 22 Dr. Johnstone on Ganglions of the Nerves.
- 23 Dr. Grant on Fevers.
- 24 Duæ Dissertationes, a Thoma Oakes.
- 25 Medical Observations and Enquiries, by a Society of Physicians, Vol. 4th.
- 26 Dr. Lobb's Practice of Physick.
- 27 Dr. Cadogan on the Gout.
- 28 Manning on Female Diseases.
- 29 Pott on the Use of the Seton for the Hydrocele.
- 30 Aikin on Preparations of Lead.
- 31 Zimmerman on the Dysentery.
- 32 Aikin's Essays.
- 33 Rowley on the Ophthalmie.
- 34 Hewson on the Blood.
- 35 Pemberton's Courses of Chymistry.
- 36 Lysons on the Use of Calomel and Camphire in Fevers.
- 37 White on the Bile.

38 Tomlinson's

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- 38 Tomlinson's Specimen of a Translation of Licutand's Synopsis.
- 39 White's Cases in Surgery.
- 40 Bromfield's Observations and Cases in Surgery.
- 41 Blackrie on Dissolvents of the Stone.
- 42 Ellis on the Gonorrhea.
- 43 Dr. Warren on curing and preventing the Gonorrhea.
- 44 A Dictionary of Chymistry, translated from the French.
- 45 Carter's Examination of Dr. Cadogan's Treatise.
- 46 Observations on the Air and Epidemical Diseases, from 1749 to 1752, by J. Cor. Huxham.
- 47 Blake on Inoculation.
- 48 May on the same.
- 49 Brownrigg on Pestilential Contagion.
- 50 Farr on Animal Motion.
- 51 Dr. Percival's Essays, 2d Edition.
- 52 Opuscula Medica iterum Edita Auctore G. Baker.
- 53 Dr. Berdoe on the Electric Fluid.
- 54 ——— on the Pudendagra.
- 55 Mr. Hunter on the Teeth.
- 56 Aikin's Thoughts on Hospitals.
- 57 Falconer's Remarks on Cadogan.
- 58 Essays Physical and Literary, Vol. 3d.
- 59 Say on the Gout.
- 60 Berdoe on the same.
- 61 Berkenhout on the same.
- 62 Dray on the same.
- 63 Select Cases by Brisbane.
- 64 Caverhill on Nervous Ganglions.
- 65 Kirkland's Appendix.
- 66 Rouppe on Seamen's Diseases.
- 67 Hulme on the Puerperal Fever.
- 68 Medical Transactions by the College, Vol. 2d.
- 69 Macbride's Introduction.
- 70 Makittrick's Commentaries.
- 71 Observations on the Character and Conduct of a Physician.
- 72 Observations on the Operations and Use of Mercury, by Andrew Duncan.

4 APPENDIX TO THE

- 73 The Anatomy of the Human Body, by William Northcote, Surgeon.
- 74 History of Anatomy, by the same.
- 75 Methodus Prescribendi, by the same.
- 76 Essay on the Teeth, by Meyer Lewis.
- 77 Threlfal on the Epilepsy.
- 78 Smith's Letter to Cadogan.
- 79 Farr Aphorismi de Marasmo.

This is the catalogue of such Medical Books as have passed through my hands for the years above-mentioned. There may be others which have escaped my notice, and of which I shall be glad to receive information. I am sorry it is not now in my power to do justice to many of those excellent performances: but from the number it will appear how impracticable it is to give sufficient extracts.

If from a collected view of Medical Literature, during the space of the four last years, it should be asked, what particular improvements have been made in the science of Healing, or what new modes of operation introduced in Chirurgery? the answer can alone be given in consequence of an attentive examination of every performance. Many eminent names appear in the list of Authors, from whose labours much may be expected*. The Gentlemen whose pro-

* Viz. Dr. Baker, Dr. Heberden, Dr. Fothergi'l, Dr. Munckley, Dr. Warren, Dr. Percival, Dr. Dawson, Dr. Lysons, Dr. Donald Monro, Dr. Brocklesby, Dr. Hunter, Dr. Watson, Dr. Dickson, Dr. Huck, Dr. Collignon, Dr. Gregory, Dr. Alexander, Dr. Fordyce, Dr. Charlton, Dr. Beattie,

MEDICAL MISCELLANY. 5

ductions form the two best Medical Collections now extant, I mean those published by the College, and by a Society in *London*, certainly deserve great praise for many ingenious remarks and observations communicated by them. It were to be wished however that more caution had been used in admitting the efficacy of some medicines before sufficient experience had proved their merit; and less propensity for drawing general inferences from particular cases.

It is with pleasure I remark that Medical Literature has not been disgraced lately by illiberal controversy. The great improvements made in teaching the Anatomy of the human body has

Beattie, Dr. Caverhill, Dr. Cadogan, Dr. Falconer, Dr. Haygarth, Dr. Johnstone, Dr. Grant, Dr. Oakes, Dr. Pemberton, Dr. Blackrie, Dr. Farr, Dr. Thompson, Dr. Macbride :

Mr. Bromfield, Mr. Pott, Mr. Hunter, Mr. Hewson, Mr. Power, of Polesworth, Mr. Wrightson, of Sedfield, in Durham, Charles White, F. R. S. of Manchester, Mr. Falkener, of Southwell, in Nottinghamshire, Mr. Thomas Henry, of Manchester, Mr. Balfour, of Edinburgh, Mr. Hay, of Leeds, Mr. Hen. Gibson, of Newcastle, Mr. Kirkland, of Ashby-de-la-Zouch, Mr. Hen. Thompson, London Hospital, Mr. Wilmer, of Stony Stratford, Mr. Tickel, Mr. Elfe, St. Thomas's Hospital, Mr. Armiger, Mr. Wm. White, of York, Mr. John Lynn, at Woodbridge, in Suffolk, Mr. Alanfon, at Liverpool, Mr. Northcote, Mr. Aikin, Mr. Rowley, Mr. Ellis, Mr. Bayford.

These are names which ought to be transmitted with honour to posterity, as conducing by their writings, and the communication of their practice, to the improvement of Physic and Surgery in the present æra.

undoubtedly

6 APPENDIX TO THE

undoubtedly contributed to this harmony amongst writers, as it has been the means of rendering our knowledge more universal and more equal. The Pharmaceutical part of the Science of Healing has acquired much elegance and efficacy from the learning and skill of the present race of Physicians, and the operative part from the unwearied diligence and candid writings of the Surgeons; insomuch that no age can boast of more improvement in every branch of the profession than the present.—I conclude this article by observing how much we are indebted to the laudable establishment of Medical Societies, which collect in one view the most useful publications of the most eminent Practitioners.

Various CASES and DISSECTIONS,
at St. GEORGE'S Hospital, vid. p. 295.

AS I write for the instruction of young Surgeons chiefly, I must earnestly recommend to them the taking notes and observations of all the Cases which come under their inspection in the course of their attending Public Hospitals; and likewise to compare with the cases they collect, the appearances on the opening of dead bodies, as the knife of the Anatomist frequently discovers those causes which had escaped the sagacity of the Physician. From such comparisons the Student will receive considerable improvement, and draw such inference by way of *Scholia* (something in the manner of Wepfer) as to give him a competent skill in forming his prognostics in future practice.

For this purpose I proceed to give a few more cases from the book kept by me at St. George's Hospital, drawn up in the concise manner, and exactly as facts then appeared, with such observations as I was enabled to make in consequence of the information I had opportunities of receiving from those eminent men who presided in the Medical and Chirurgical department of that Hospital.

CASE

8 APPENDIX TO THE

CASE. NUMB. I.

July 18, 1759. E. L. a middle-aged man falling from a scaffold received a contusion and small wound on the side of his head, which soon afterwards were attended with symptoms of a concussion of the brain, such as insensibility and vomiting: there was a swelling on the temporal muscle but no fracture of the cranium could be distinguished, and therefore the Surgeon declined making any incision, but had immediate recourse to evacuations.

Mittantur Sanguinis ℥xvi. statim

Enema Purgans ℥

Mixtura Purgans tertiâ quâq. hora donec alvus responderit.

Finding no relief, and the pulse still labouring, he was in the evening bled in the jugular, to the quantity of twenty ounces; after this last operation I thought the patient became more sensible, and somewhat roused from his lethargy.

19. In the morning as I perceived his pulse still strong he was bled again, to the quantity of twenty ounces; he had stools from his mixture and glyster, seemed much better, though very restless.

20. Continued insensible, his pulse lower, for which reason at night the Surgeon ordered four blisters to be applied.

21. We

MEDICAL MISCELLANY. 9

21. We supposed him rather relieved by the blisters this morning ; but towards night he grew worse again, though his pulse continued much the same : As he had no stool to-day the glyster and purging medicine were ordered at proper intervals.

22. The Surgeon ordered cupping glassses to his neck as the lethargy continued.

23. Rather better to-day in regard to his pulse ; and remaining much in the same state as to the lethargy, the cupping glassses were again applied on the 26th.

27. Two blisters applied to his feet, and thus alternately by bleeding and blistering, and keeping open the first passages, every method is tried to relieve the oppression on his brain.

28. The wound on the head appears to-day disposed to digestion, with a good discharge ; his pulse being still full and strong he lost blood again to the quantity of eight ounces only.

29. Much better and more sensible.—There was a remarkable circumstance observed in the behaviour of this patient, who from being rough and vulgar, became very complaisant in his manner of speaking to those who attended him when he was just emerging from his lethargy ; but as the pressure on the brain was removed, and he was recovering his senses, he in proportion resumed his usual dialect and gesture. How to account for this extraordinary effect from an injury of the brain on the operations of the mind, I confess myself at a loss.

b

30. Con-

10 APPENDIX TO THE

30. Continues rather better; finding the pulse still strong he was bled again to the quantity of eight ounces, the blood was very fizy, but he seemed to be relieved by the evacuation.

Aug. 7. He was bled again to the quantity of six ounces; the blood still fizy; his wound discharges plentifully; the edges rather fungous; the dressings dry lint and cerat over it. From this day the amendment was very visible, and on the 15th he got up from his bed. He gradually recovered his senses, and on *Sept. 11th* he was discharged and made an out-patient.

OBSERVATIONS.

In all these dangerous cases the most diligent attention must be had to the pulse, especially during the operation of bleeding. If the pulse keeps up, we are to repeat the operation every twenty-four hours, in quantities more or less, according to the strength of the patient. It is a good sign when the pulse rises, though it requires repeated evacuation: and it is amazing how great a quantity of blood must be taken away before we can obtain the wished-for relief. Opiates are not necessary; the diet must be low and simple; the arteries within the Cranium having a weaker and laxer coat than others, they have consequently less power to remove obstructing blood.

It may be useful to note the length of time taken up in this case before the membrane of
the

MEDICAL MISCELLANY. II

the brain was freed from the effects of the injury. An observation which in similar cases may assist us in our prognostic.

C A S E II.

June 18, 1759. T. S. a young man was brought into the Hospital with a large wound on the head on the left parietal bone: The scalp being much contused, the raised flap was cut off: The bone not bare.—He was bled and took opening medicines occasionally, and seemed to go on very well till *June* 22d, when he was seized with a delirium early in the morning: I immediately took away twelve ounces of blood and repeated his opening mixture; and in the evening he was bled in the jugular.

23. The Surgeon in chief applied the trepan on the part and took out a circular piece of bone, but could not discover any injury on the dura mater. The patient being delirious blisters were applied, and one grain of opium ordered every two hours, which dose he took six times, and became composed and began to sleep; it was then omitted till the delirium returning, it was repeated twice with good effect. Towards next night a pill was taken by way of prevention, and as he had no stool a glyster was thrown up; he voided only a little watry stool, and at ten o'clock in the morning of the 25th he quietly expired.

On opening the head next day, both the brain and its membranes appeared in a natural state;

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all the abdominal viscera found; the lungs were a little inflamed, and in some parts rather imposthumated.

OBSERVATIONS.

As it is impossible to ascertain from external appearance what degree of injury the brain may have received by concussion, so it is very difficult to form a prognostic of wounds in the head. I need not quote the trite aphorism of Hippocrates. Many instances occur of people who having been superficially wounded, seemed to go on well for a few days, but suddenly dropped off, and were seized with all the bad symptoms of a concussion. There are doubtful appearances in practice from a wound of the external table of the skull: when the Surgeon will we at a loss whether to trepan or not. The effects of wounds or contusions on the temporal muscle and its aponeurosis, and of matter lodging under the scalp in other parts, often deceive the unwary by symptoms which may alarm with the apprehension of the brain itself being injured. In cases where the scalp is separated without much contusion, or any loss of pericranium it is adviseable to attempt uniting by the first intention either by suture or compresses artfully applied: but if the loose part be contused, or the skull laid bare, the better practice is to cut off the scalp or else dress down to the bottom of the wound.

In

In respect to the examination of the case here mentioned after death, it is a mortifying circumstance to observe that dissection did not explain the causes, but left us in uncertainty and conjecture.

C A S E. NUMB. III.

Wounds on the head are so various in their appearances, and so uncertain in their consequences, that we cannot attend too closely to practical observations concerning them.

Sept. 1, 1759. F. R. a boy, was brought into the Hospital with a very bad wound on the head, occasioned by a fall down a chimney. The scalp on the upper part of the right parietal bone was cut in a semicircular form, and hung down like a flap and of the breadth of two or three inches in the middle of it being divided likewise from the pericranium as low as the *Gs temporis*, and the tendinous expansion of the temporal muscle was contused. I first embrocated gently with Sp. Vin. and endeavoured to unite as much as I could by the first intention; the patient was bled and took an opening mixture.

3. Examining the wound and perceiving matter under the loose scalp, as from that circumstance I judged it impossible to unite, that part was taken off.

4. The chief Surgeon divided the tendinous expansion, which seemed disposed to slough off: some matter was pressed from below; the dressings

fings warm and mildly applied. The patient complains of pain in the head, and sickness of stomach.

5, 6, and 7. The wound discharges properly, though some little matter lodges in the divided part, which may from care still unite. His fever high; his medicine the saline mixture.

8, and 9. Continue dressing as before, and pressing up the matter by bandage; the boy pretty free from pain and fever.

10, and 11. The boy better in every appearance.

12, and 13th. Continues better.

14. This evening he complained of great pain in the head, with shiverings and sickness. Ordered him an opening medicine.

15. Took away ten ounces of blood from the jugular; applied a blister; the external wound looks well, but the surface of the cranium whereon the incision was made appears discoloured.

16. Pain in the head and sickness of stomach continue.

17. Repeated the operation of bleeding; his pulse full, his fever high, his pain acute, yet still free from delirium, and his stomach more settled.

18. Remains much the same.

19. The chief Surgeon perceiving matter come through the Coronal Suture at every pulsation of the Dura Mater, removed the integuments and applied the Trephine on one side of the future; and suspected matter to be lodged under the Du-

MEDICAL MISCELLANY. 15

ra Mater, he made a crucial incision thro' that membrane as far as the part trepanned would admit; some matter was discharged, and the wound dressed lightly with warm Bals. Copaiv. the patient received no relief, and on the 21st he died, after complaining of a pain in his side.

D I S S E C T I O N.

Sept. 22. On opening the head of this patient I found a great deal of matter insinuated between the cranium and scalp, which in some parts eroded the pericranium. On dilating the wound made by the Surgeon on the Dura Mater, I found matter had diffused itself over the greater part of the right hemisphere of the brain. On opening the thorax a very large quantity of watry matter was found in the cavity, particularly on the right side, and the lungs there seemed a good deal inflamed; on the upper part of the left lobe of the liver I found a small scirrhous hardness, and on cutting through it some matter was discharged. The bladder was distended with urine.

O B S E R V A T I O N S.

This is an instance of the doubts and difficulties which will ever attend the treatment of wounds of the head. The patient continued from the 1st of *Sept.* to the 19th, till the chief Surgeon thought proper to apply the Trephine; and there was no indication sufficiently evident to urge the operation before the appearances on that day

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day. The effects of a concussion are more fatal than fractures; in the first we have equivocal symptoms, in the latter the injury is so manifest, that every Surgeon immediately ought to remove the cause by trepanning.

In the dissection it was observable that the matter found in the cavity of the thorax, and even in the liver could not be formed in consequence of any disease or injury in those parts, but by translation from the dura mater. How that translation is effected through the medium of the mucous membrane, or from nervous irritability, is a question I cannot clearly determine. The doctrine of nervous irritability will be fully discussed, and some very curious cases and remarks will be communicated in an ingenious performance of Dr. Kirkland's, which is now in the press.

C A S E. NUMB. IV.

Oct. 30. J. B. came into the hospital having received by a fall a large wound on the side of the head: the temporal muscle was greatly contused, though not lacerated. A deep incision was made but no fracture discovered. He vomited often but remained quite sensible. As very bad symptoms arise from wounds of the temporal muscle only, we are not too hastily to ascribe the cause to fracture, or rashly lay the skull bare.

The

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The patient was bled, and took of the saline mixture of the hospital.*

Nov. 1. Took off the upper part of the contused flap of the wound, and by compress endeavoured to unite the lower part: The patient's sickness continues, and the bleeding was repeated.

3. The sickness abated, the appearance of the wound favourable.

4. This and the four following days produced no bad symptoms, only the matter dissects under the lower part of the separated scalp. Great care and attention necessary in applying proper compresses and bandages.

9. Complains of giddiness, which I am afraid prognosticates mischief on the brain, unless it be owing to the irritation of the matter lodging on the muscle. Propose making a depending drain by a new incision.

10, and 11. Less matter lodges, and the man seems better.

12. Relapses again, with pain and giddiness, notwithstanding all possible methods used; these dangerous symptoms continued violent till the 26th; when the chief Surgeon laid the bone bare

* In cases of sickness and vomiting I always put to eight ounces of the saline mixture, half a dram of the Pulv. Febrif. Specif. which I recommend to the shops.

Pulv. Febrif. Specif. nost.

R Occ. 69. pp. Calc. Antimon. illot. aa ʒiss

Magnes. Alb. ʒiii Pulv. Contray. comp. —Serpentar

Virg. aa ʒi Tartar. Emetic. q̄r 50 m exactissime.

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for a considerable space, and discovered a rising exfoliation which appeared like a fracture, but was not really such. He pronounced an unfavourable prognostic. The patient languished in great pain till *Dec. 14*, and then died, but contrary to what usually happens in these cases he had no delirium.

On examining the head I found the brain and its membranes in a good state; no fracture of the skull, but only an appearance of exfoliation, and of the bone being discoloured quite through its whole substance. No visible cause of death could be discovered from the wound.

OBSERVATIONS.

It is evident from experience, that the brain very often suffers from concussion without either external wound or fracture of the skull. Such cases are out of the reach of surgical or medical skill, and end fatally, though not suddenly. Where there is a puffy swelling upon the scalp, especially in injuries occasioned by falls, in which the danger is always greater than from blows, it is adviseable to make an incision: for if there is no fracture the wound is not of much consequence, and it would be an unpardonable error in a Surgeon to suffer a fracture to remain undiscovered by him till the fatal effects too late convince him of the real circumstance.

CASE

MEDICAL MISCELLANY. 19

C A S E. NUMB. V.

May 9. A man was brought into the Hospital with a large wound across the *Os frontis*, and part of the *Os bregmatis*; the pericranium was lacerated, the bone bare, but no fracture. A considerable portion of the scalp hung down which I endeavoured to unite by the first intention though doubtful of the success, and the interrupted suture was made use of on this occasion, simply and without tying any compress under. The chief Surgeon examining the wound supposed that matter would form under the scalp, though he approved the method taken to give a chance of uniting. The patient was bled, and took an opening mixture.

10. Bleeding repeated.

12. Matter formed under the scalp; compresses dipt in Acet. applied, after pressing out the matter gently.

13. Matter still oozes out, but not in an increased quantity.

14. The patient complains very much of pain: as I found no prospect of uniting by the suture, I took the thread out, turned down the flap, and dressed to the bottom. The skull bare as low as the orbit, and a considerable erysipelatous swelling appearing, fomentations and emollient applications were used: bleeding and the opening mixture repeated.

17. Continue the same method.

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19. The patient in great pain. Bleeding and the saline mixture ordered.

22. Symptoms of absorption came on, with a low and quick pulse.

23. The patient died.

On opening the head I found under that part of the *Os frontis* which was laid bare, matter upon the dura mater, and a suppuration of that membrane itself. No fracture. The Viscera found excepting the liver, which was inflamed, and in some parts schirrous, with a little suppuration: there was likewise a discharge from the inflamed surfaces of the intestines.

OBSERVATIONS.

Here is an unsuccessful instance of endeavouring to unite the scalp when the bone is bare. And yet no invariable rule can be established, because I frequently have known the scalp to unite by nature and proper compress even when the bone has been laid bare beneath. It is sometimes necessary to make depending drains, through which some Surgeons pass the seton to keep them open, but that is in general unnecessary. In respect to the question which may arise about the use of the trephine in such a case as this, I am afraid that the symptoms appear too late to give any chance of success; and though we may make a perforation or two, yet if the dura mater is in general inflamed, or the brain injured by concussion, how shall we know where best to apply the trephine if there

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there is no fracture? or what probability of success from the operation under the circumstances here mentioned?

C A S E. NUMB. VI.

A child of three years was brought into the Hospital, who by a fall down an area had very much bruised the forehead, upon which I perceived a considerable puffy tumour: this accident was attended with vomiting, bleeding at the ears, and insensibility. The tumour (as indeed is common to those of the head from violence) had a very deceitful feel like a depression of the skull perceptible to the finger. On account of the symptoms I thought proper to make an incision, though not without weighing the disadvantages of a scar in the forehead. I could not discover any fracture. I bled the patient in the jugular vein, and ordered a glyster. From these operations the child seemed better.

The chief Surgeon examined the wound, and finding no fracture supposed the incision might have been spared. Bleeding was repeated, the wound soon healed and the child cured.

OBSERVATIONS.

I mention this slight case with a view of ascertaining the propriety of making incisions when such cases occur. It is true, the symptoms of a fracture are not always proofs of one, and when
there

there is no fracture the tumour might safely be dispersed. However, allowing it practicable to discover a fracture or fissure before the tumour is opened (which cannot always be done) still there is a necessity for the incision in order to come at the bone. In my opinion the question must be decided by the symptoms which attend the accident, and the causes which produced it. If there is the least apprehension of the skull being injured, no doubt can remain of the propriety of making an incision: and even if the skull is not injured, yet the knife is useful to discharge extravasated blood, and the wound can be of no bad consequence in itself, if due care is taken not to take off the pericranium unless it should be much contused. The opinion of the chief Surgeon that the incision in this case might have been spared, is not conclusive. The point is, whether he would have thought so had he seen the case at first.

C A S E VII.

June 1. J. D. received a wound on the forehead from a kick of a horse, which laid the bone bare. I advised him to come into the Hospital that early care might be taken of a dubious wound; but he refused this, and was dressed as an out-patient till the 13th, when he had a shivering fit. He continued obstinately determined not to be admitted though the shivering returned daily.

16. He

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16. He was brought into the Hospital, and was repeatedly bled in the jugular, and every method used to relieve him.

19. After delirium for two days, he died this day.

On examining the skull of this patient, and trepanning on the part, I found a very small quantity of matter on the dura mater immediately underneath the wound.

OBSERVATIONS.

This was an example amongst many others, of the fatal effects which happen from wounds of the head, and serves to confirm that cautious axiom of Hippocrates, which young practitioners ought ever to have in mind—That no wound of the head is to be neglected. The chief Surgeon did not think proper to trepan.

CASE. NUMB. VIII.

Aug. 1. A girl of thirteen years was brought into the Hospital immediately after falling down into an area, by which accident the forehead was wounded. The orifice of the wound was but small, though the contusion was very great. Introducing a probe through the wound, I easily discovered a fracture; and upon making an incision I found the fracture extended quite across the *Os frontis*, and part of the temporal bone. A piece of the cranium was broke separately with a sharp

sharp point across the frontal ridge, which immediately pressed upon the dura mater. This the chief Surgeon raised with the elevator, and afterwards extracted, employing a great deal of force, and I observed there was a considerable hæmorrhage from the vessels of the dura mater. As soon as the angle of the bone was raised the patient immediately seemed relieved. The Surgeon traced the fracture as far as it went, which occasioned a wound quite across the forehead and part of the right temple, and applied the trephine at the extremities of the fracture. The dressings were dry lint under the edges of the perforation very gently introduced, and after a little warm Balf. Copaiv. As we are not to judge of the consequences of fractured skulls merely by the injury the bone has suffered, I attended chiefly to the concomitant symptoms in this case: These were very unfavourable, viz. coma, vomitings, insensibility, and a weak depressed pulse. No relief from bleeding, and on the 3d the patient died.

On examining the head I found the dura mater somewhat inflamed and thickened under the part trepanned; and an extravasation on it's surface near the Crista-Galli. No rupture of the vessels of the Pia Mater, or indeed any appearance visible to account for the early death of this patient. It is impossible to find out the seat of mischief in cases of concussion, as the whole substance of the brain is so soft.

OBSER-

OBSERVATIONS.

The practice of making bold incisions and tracing the fracture to every extremity, is absolutely necessary in all such cases, that the Operator may know exactly in what places to apply the trephine.

CASE. NUMB. IX.

Aug. 15. A large fat woman falling down into an area, received a wound on the top of the head, and a contusion across the temporal muscle, which to appearance and to the feel exactly resembled a depression of the skull; but upon making an incision, the bone was found uninjured. Her lower limbs immediately became paralytic in consequence of a bruise on her back, and she complained of violent pain in her breasts. Her stools were involuntary, and the urine was suppressed, but she was quite sensible.---V. S. and mixt. aper. this day.

16. Volatile medicines were given, and blisters applied.

17. Obligated to draw off the urine, as she remained paralytic in all the lower parts.

18. Again used the catheter; the abdomen considerably swelled; no stools; cold sweats at night; but she was quite sensible.

19. Used the catheter, and threw up glysters.

20. No effect from the glysters.

21. She died.

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Upon

Upon examining the body, there appeared the following circumstances: In the cavity of the abdomen the whole intestinal tube was found with evident marks of inflammation, and much distended. The bladder was quite soft in its texture, and tore as easily as wet paper. In the thorax I found the sternum fractured on its lower part and much extravasation under; and the anterior part of two of the vertebræ together with the epiphyses of two ribs splintered. On dissecting through the integuments of the back I discovered very great extravasation, and the spinal processes of the four first vertebræ dorsi broke down, as likewise the transverse processes of the fourth and fifth vertebræ dorsi, together with the epiphyses of the fourth and fifth rib.

OBSERVATIONS.

In drawing off the water from this woman, I perceived a hard substance frequently strike against the end of the instrument and suddenly stop the course of the water. It was natural to conjecture that there was a stone in the bladder, though no clinking sound could be heard. After opening the body I supposed this phenomenon to be occasioned by the uterus pressing on the bladder every time it contracted itself in discharging the urine: which supposition was confirmed when I recollected, that upon the stream of urine being stopt and the catheter drawn forwards,

MEDICAL MISCELLANY. 27

wards, the water flowed freely again because the uterus could fall no lower.

In this woman the peristaltic motion of the intestines was destroyed from the injury done the spinal marrow, but the action of the stomach continued, as appeared from her vomiting. Injuries of the spinal marrow are generally mortal though the cause is often unaccountable. A bruise on the loins has rendered the lower limbs paralytic, and many patients have lain in a miserable state of insensibility succeeded by mortification on the lower parts, while the head has been clear. Digestion has been performed in the stomach, secretions in the kidneys, though at the same time the fæces and urine have been voided involuntarily.

I should have proceeded to another class of cases taken at St. George's Hospital, but this subject I reserve to a future opportunity.

CASE of an HYDROCELE.

W. G. aged 59, had been in the army, and enjoyed a good state of health the greater part of his life. He applied for relief for an Hydrocele on the left side the scrotum. The tumour seemed large enough to contain nearly one pint of fluid. He ascribed the cause of it to a blow he received by an axe, which gave immediate pain, and in a short time a swelling appeared which gradually increased to the present size.

Oct. 22, 1771. A caustic of the diameter of
d 2 a six-pence

a six-pence was applied to the inferior and anterior part of the tumour: six hours after the application it was removed, but the eschar was spread to the size of a crown piece owing to the caustic being laid on too thick,

23. The patient passed a restless night; was rather loose in his body; the eschar appeared as if it was hardly deep enough to have affected the tunica vaginalis; but the pain felt from the testicle up the spermatic cord to the groin, and the scrotum becoming very tense convinced us of the efficacy of our application. He was dressed with mild digestive, and over that an emollient poultice.

24. Took an opiate, and slept tolerably well; the scrotum inflamed; in great pain; no evident alteration in the state of the wound.

28. Continues much the same, only the eschar began to digest and slough off gradually till *Nov. 7.*

Nov. 7. The tunica vaginalis appeared considerably projecting before the wound, and in one part particularly thin as if it would burst. A continuance of pain, but now more in his loins; the same dressings as before.

8. A small puncture about one eighth of an inch deep was made with a lancet into the projecting part. We were much deceived in seeing nothing but a little blood, as from the imagined thinness of the projecting tunic we had reason to expect that the contained fluid would be immediately discharged.

9. The

9. The parts about the puncture seemed to digest a little, and the tunic to slough off as it were in shreds. In this manner it continued gradually digesting, and the water projecting more till Nov. 12th in the evening, when the tumour broke in bed; so that the quantity of fluid could not be ascertained exactly, but we supposed it to be about a pint.

This evacuation made a great alteration in the appearance of the tumour and wound. The scrotum was immediately contracted to near its natural size, and the vaginal coat was retracted into the scrotum, and the testis itself was very perceptible. From this time the patient was tolerably easy, only now and then some slight returns of pain, the bulk of the scrotum gradually diminished, and a radical cure was completed.

It is needless to observe that opiates and laxatives were given occasionally.

This case is published as a confirmation of the propriety of the method recommended in Hydroceles by the ingenious Mr. Else.

LIST of NEW MEDICAL BOOKS in 1773.

1 **M**EDICAL and Philosophical Commentaries, by a Society of Physicians in Edinburgh, 4 Numbers.

From this useful and ingenious work I shall give a Catalogue of the Medical Books published last year, marking such as these Authors have made extracts from.

* Hulme on the Puerperal Fever.

* Reflections on the general treatment and cure of Fevers.

* Elements

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- * Elements of the Practice of Physic, by Dr. Gregory.
- * Hill's Cases in Surgery, particularly Cancers §.
- * A treatise on the management of pregnant women, by Charles White, F. R. S.
- * Experiments on the Human Bile, by J. Maclurg, M. D.
- * Leake on the Child-bed Fever.
- * Percival's Essays.
- * Henry on Magnesia.
- * Percival on the Properties of fixed Air.
- * Bromfield's Chirurgical Cases.
- * Dr. Butter on the Kinkcough.
- Elements of Therapeutics, by Andrew Duncan, M. D. †
- Directions for the use of Harrow Gate Waters, by Wm. Alexander, M. D.
- Domestic Medicine, by Wm. Buchan, M. D.
- Rowley on diseases of the breasts of Women.

§ I must observe upon this performance in respect to Cancers, that few Authors have been so clear and methodical in their description as one would wish. We are told in general that Cancers are often successfully extirpated, but their peculiar appearances are not accurately explained. I was called upon to extirpate a cancerous tumour last year, when I left in writing some remarks on the case in the hands of the friends of the patient. Sharpe says, "when a schirrhous has admitted of a long delay before the operation, the patient seems to have a better prospect of cure without danger of relapse, than when it has increased very fast, and with acute pain." I agree with this opinion: but I make a further distinction, which is, between a tumour confined in a cyst, and consequently entire in itself, and to be commanded and separated by the knife, and a cancerous ulcer or sore; for in the latter case the roots or fibres originate deeper, spread wider, adhere to muscles, and are so very numerous and intricate that it is almost impossible to remove them effectually.

I have used when the sore has been very offensive and the fibres protruded, a fumigation with cinn. fict. and myrrh with good effect.

† The Gentleman concerned in compiling the Medical and Philosophical Commentaries, or at least who acts as Secretary.

Dr.

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Dr. Cullen's Lectures on the Materia Medica.

A dissertation on Consumptions.

* Lectures on Physiology. By Dr. H. Pemberton †.

Sims on Epidemic Disorders.

On putrid and inflammatory Fevers, by Wm. Fordyce, M. D.

Mead's Monita & Præcepta Medica, with Notes and Observations, Latin, by Clifton Wintringham, M. D.

Medical Consultations, by J. Thompson, M. D.

Considerations on the use of injections, by W. Cribb, Surgeon.

Medical Essays, by J. Armstrong, M. D.

Van Swieten's Commentaries abridged, by Colin Hofsack, M. D.

Medical and Chirurgical Observations, by B. Gooch, Surgeon.

Memoirs of the society at Amsterdam, in favour of drowned persons; for the years 1767, 1768, 1769, 1770, 1771; translated by Tho. Cogan, M. D.

A History of a Gentleman cured of heats in his face.

Advice to venereal persons, with a method of escaping infection from each other.—Anon.

Notes on Mr. Bromfield's Cases, by D. A. S. M. D.

Doubts concerning the inversion of objects on the retina, by M. Berdoe, M. D.

A new practical essay on Cancers, by J. Burrows, M. D.

Observations on diseases in long voyages to hot countries, by John Clark, Surgeon.

An easy way to prolong life, by a Medical Gentleman.

Present practice of Midwifery considered.—Anon.

The inefficacy of Mercurial Preparations in venereal and scorbutic cases, by H. Saffroy, Surgeon.

An account of a society instituted at Amsterdam for the recovery of drowned persons, by Alex. Johnstone, M. D.

Description of the human Eye and its principal diseases, by Joseph Warner, F. R. S.

† An ingenious Performance.

Free

Free thoughts on Apothecaries and Empirics.—Anon.

Medical essays, by J. Armstrong, M. D.

Directions for the management of children, from their birth to seven years, by M. A. Clarke, M. D.

Directions relative to Food, Exercise, and Sleep.—Anon.

Practical observations on the Small-Pox, Apoplexy, and Dropsy, by Dr. Tissot.

Considerations on the use and abuse of Antimonial Medicines in Fevers.—Anon.

Essay on the nature and circulation of the blood, by M. Berdoe, M. D.

Besides a great variety of cases, and extracts from foreign books, which render the Medical and Philosophical Commentaries superior to any undertaking of the kind that I have yet seen.

F I N I S

